P14000049581

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000133497 3)))

H14000133497 3AEC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

14 JUN -9 PM 4:04

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
14 JUN -9 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
JLE DEVELOPERS CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

Electronic Filing Menu Corporate Filing Menu Help

H14000133497

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: JLE DEVELOPERS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1374 CANARY ISLAND DRIVE
WESTON, FL 33327

Mailing address, if different is:

1374 CANARY ISLAND DRIVE
WESTON, FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

14 JUN -9 PM 9:04

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose L Clapes (President)
Address: 1374 Canary Island Drive
Weston,FL 33327

Name and Title:
Address:

Name and Title: Erick Clapes (Vice-President)
Address: 1374 Canary Island Drive
Weston,FL 33327

Name and Title:
Address:

Name and Title: Johanna Lugo(Secretary)
Address: 1374 Canary Island Drive
Weston, FL 33327

Name and Title:
Address:

H14000133497

H14000133497
(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Luis Rosales

Address: 5931 NW 173 Drive Ste 9

Miami, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis Rosales

Address: 5931 NW 173 Drive Ste 9

Miami, FL 33015

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____ 6-6-14

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ 6-6-14

Required Signature/Incorporator Date