

8/11/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JARE & JAFET SERVICES, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

RECEIVED

14 JUN 23 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/24/14

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 23 AM 9:27

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:

JARE & JAFET SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal and Mailing street address:

**7001 WEST 35 AV SUITE 249
HIALEAH, FL 33018**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title: **PRESIDENT**
Name: **MARLON ALDUVIN AVILA ROMERO**
Address: **7001 WEST 35 SUITE 249
HIALEAH , FL 33018**

ARTICLE VI REGISTERED AGENT

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

Name: **ENNA DIEPPA**
Address: **2141 SW 1 ST SUITE 110
MIAMI FL 33135**

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MARLON ALDUVIN AVILA ROMERO**

Address: **7001 WEST 35 SUITE 249
HIALEAH , FL 33018**

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

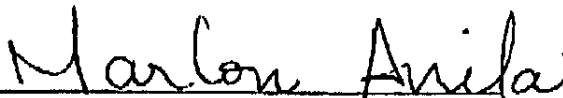
Date: June 11, 2014



Required Signature/Registered Agent

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.

Date: June 11, 2014



Required Signature/Incorporator