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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019

Phone : (305)552-5973

Fax Number : (305) 675-5944

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

Email Address:___

(D)

FLORIDA PROFIT/NON PROFIT CORPORATION CJT CONSULTING SERVICE INC

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

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ARTICLES OF INCORPORATION

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

ARTICLE ! NAME: The name of the corporation is:

CJT consulting SERVICE INC
ARCICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
18323 SW 136 AUE MIRIGI F/ 33177
ARTICLE III SHARF 5: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
TYERMANK GONGLEZ (P)
字 70 字 (1)
E1 23
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
IVERMANK GONZALEZ
18323 Sw 136 AVE Hingi F/ 33177
*
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
IVERMANK GONZALER
18323 SW 136 AVE MAIN PY 33177

Required Signatures:

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

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.

Incorporator

Date

14 JUN 23 AH 10: 47
SECRETARY OF STATE
VALLANIASSEE, FLORIDA