

AUG/13/2014/WED 12:06 PM

FAX No.

P.001

P14000067844

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
ISLA J SERVICES, INC.

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

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14 AUG 13 PM 12:06

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 13 PM 12:05

RECEIVED

**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: ISLA J SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1087 SW 131 AVE

MIAMI, FL 33184

Mailing address, if different is:

1087 SW 131 AVE

MIAMI, FL 33184

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: (P) ROBERTO Y HERNANDEZ

Address: 1087 SW 131 AVE  
MIAMI, FL 33184

Name and Title: (VP) KEILAN HERNANDEZ

Address: 1087 SW 131 AVE  
MIAMI, FL 33184

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

14 AUG 13 PM 12:00  
DIVISION OF CORPORATE & FINANCIAL SERVICES  
SECRETARY OF STATE  
FLORIDA

AUG/13/2014/WED 12:06 PM

FAX No.

P. 003

(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: ROBERTO Y HERNANDEZ  
Address: 1087 SW 131 AVE  
MIAMI, FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERTO Y HERNANDEZ  
Address: 1087 SW 131 AVE  
MIAMI, FL 33184

*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*

(X) [Signature]  
Required Signature/Registered Agent

08/12/2014

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.817.133, F.S.*

(X) [Signature]  
Required Signature/Incorporator

08/12/2014

Date

14 AUG 13 PM 12:00

SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION