

PK1000067951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500262640985

07/29/14--01022--008 \*\*78.75

FILED  
14 AUG 13 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1114-46676

MD 8/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2014

JOSE MANUEL DE ARMAS  
11800 S.W. 187TH ST.  
MIAMI, FL 33177

SUBJECT: JMA CORP.  
Ref. Number: W14000046676

We have received your document for JMA CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 314A00016331

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Jomada services corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Jose Manuel De Armas  
Name (Printed or typed)

11800 SW 187 st  
Address

Miami FL 33177  
City, State & Zip

786-326-7314  
Daytime Telephone number

jdearmas@yahoo.es  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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: Jomada services corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11800 sw 187 st  
Miami FL 33177

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all lawful  
business

FILED  
14 AUG 13 PM 2:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jose Manuel De Armas Name and Title: Odalis De Armas

Address: 11800 sw 187 st Address: 11800 sw 187 st  
Miami FL 33177 Miami FL 33177

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

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

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

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

(conti.)

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: Jose Manuel De Armas

Address: 11800 SW 187 St  
Miami FL 33177

FILED  
14 AUG 13 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jose Manuel De Armas

Address: 11800 SW 187 St  
Miami FL 33177

*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*

\_\_\_\_\_  
Required Signature/Registered Agent

07/20/14  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

07/20/14  
Date