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.

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To:

11.3.5

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.

Account Number : 120080000033 : (305) 644-3055

Fax Number

\*\*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 J. PEREZ HOME, INC

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

https://efile.sumblz.org/scripts/efiledvr.ee PAGE 02/09

January 27, 2015

# Florida Department of State

Attention: New Filing Section

To Whom It May Concern:

Thank you for your help in this matter.

Very Sincerely,

Joseph Perez

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# 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:

#### J. PEREZ HOME, INC

#### ARTICLE II PRINCIPAL OFFICE

Principal and Mailing street address:

855 EUCLID AVE STE 103 MIAMI, FL 33139

#### 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:

DANIELLY VIERA

Address:

855 EUCLID AVE STE 103

MIAMI, FL 33139

Title:

**VICE - PRESIDENT** 

Name:

**JOSEPH PEREZ** 

Address:

855 EUCLID AVE STE 103

MIAMI, FL 33139

### ARTICLE VI REGISTERED AGENT

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

1100 A 17 1. 9.2

Name: JOSEPH PEREZ. 855 EUCLID AVE STE 103

MIAMI, FL 33139

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#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

S. . . . .

JOSEPH PEREZ

Address:

855 EUCLID AVE STE 103

MIAMI, FL 33139

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: January 27, 2015

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: January 27, 2015

Required Signature/Incorporator

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