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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : GM FINANCIAL GROUP  
Account Number : I19980000102  
Phone : (954) 428-8899  
Fax Number : (954) 428-6699

**\*\*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  
JAZA MANAGEMENT, INC,**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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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: JAZA MANAGEMENT, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

15984 SW 61ST COURTDAVIE, FL 33331**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: MANAGEMENT SERVICES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS ARTEAGA, PRES

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

Address: 15984 SW 61ST COURT

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

DAVIE, FL 33331Name and Title: SUSAN ARTEAGA, SEC.

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

Address: 15984 SW 61ST COURT

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

DAVIE, F 33331

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

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

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

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

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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: LUIS ARTEAGA  
Address: 15984 SW 61ST COURT  
DAVIE, FL 33331

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LUIS ARTEAGA  
Address: 15984 SW 61ST COURT  
DAVIE, FL 33331

*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

2/16/15  
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

2/16/15  
Date

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