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:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.

Account Number : 120080000033 Phone : (305)644-3055

Fax Number : (305)644-3052

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

Email Address:

CANANT OF TANK

# FLORIDA PROFIT/NON PROFIT CORPORATION JA CARPENTER DESIGNS INC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$78.75 |

Z 03/05/15

15 MAR -4 AM 9: 00

SECRETARY OF STATE

## **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:

## JA CARPENTER DESIGNS INC

## ARTICLE II PRINCIPAL OFFICE

Principal and Mailing street address:

18752 NW 84 PL STE 606 HIALEAH, FL 33015

#### 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:

JUAN ALBERTO CHERE

Address:

18752 NW 84 PL STE 606

HIALEAH, FL 33015

### ARTICLE VI REGISTERED AGENT

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

Name: Address: JUAN ALBERTO CHERE

18752 NW 84 PL STE 606

HIALEAH, FL 33015

15 MAR -4 AM 9: 00

SECRETARY OF STATI DIVISION OF CORPORATION:

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Address: JUAN ALBERTO CHERE 18752 NW 84 PL STE 606

HIALEAH, FL 33015

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: March 04, 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: March 04, 2015

Required Signature/Incorporator

AF MAD \_I. AM Q: OO