

P15000043372

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H15000117119 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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STATE OF FLORIDA
TALLAHASSEE

15 MAY 14 PM 2:31

FLORIDA PROFIT/NON PROFIT CORPORATION
J.A.V.S CORP

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



May 14, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC

SUBJECT: J.A.V.S CORP
REF: W15000034254

15 MAY 14 PM 8:34
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

You must list at least one incorporator with a complete business street address.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000117119
Letter Number: 115A00010141

RECEIVED
15 MAY 14 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H15000117119

ARTICLE I NAME: The name of the corporation is:

J.A.V.S CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11861 SW 144th Unit 1 Miami FL 33186

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

JUAN A. CASTILLO - P

Maximillian Lovera - VP

RECEIVED
TALLAHASSEE, FLORIDA

15 MAY 14 PM 9:36

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maximillian Lovera 11861 SW 144th Unit 1 Miami FL
33186

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Maximillian Lovera

11861 SW 144 CT Unit 1

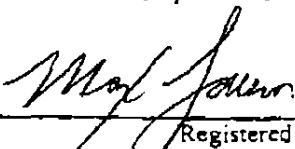
Miami FL 33186

H15000117119

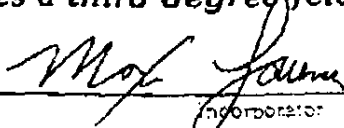
H15000117119

Required Signatures:

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

 5-13-15
Registered Agent 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.

 5-13-15
Incorporator Date

H15000117119