

P1560044289

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H15000120535 3)))



H150001205353ABOV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

****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

JMR FOODS II, INC.

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

FILED

2015 MAY 18 AM 9:06

RECEIVED

15 MAY 18 PM 4:35

5/20/2015
JMR FOODS II, INC.
IATL ADOCKET 150834

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: JMR FOODS II, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14000 SW 8 TERRACE

MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF
TRANSACTIONING ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA INCLUDING RETAIL FOOD
ESTABLISHMENT.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REBECA PRIETO, DIRECTOR

Name and Title: _____

Address: 14000 SW 8 TERRACE

Address: _____

MIAMI, FL 33184

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
MAY 18 AM 9:14
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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:

REBECA PRIETO

Address:

14000 SW 8 TERRACE

MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

REBECA PRIETO

Address:

14000 SW 8 TERRACE

MIAMI, FL 33184

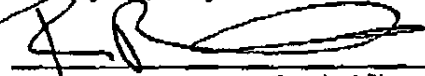
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/18/2015

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

5/18/2015

Date