

P15000044467

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.

(((H15000120460 3)))



H150001204603ABCT

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

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 FLOOR SOLUTIONS INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 MAY 18 PM 12:05

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
15 MAY 18 PM 4:37

FILED

RECEIVED

J 5/19/15

H15000120460

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of J Floor Solutions Inc of Doc # P13000025310 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,



15 MAY 18 PM 12:05
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

H15000120460

H15000120460
FILED

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

15 MAY 18 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME: The name of the corporation is:

J Floor Solutions Inc

TAX ID: 810571583

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6995 W 12 LN

Hialeah FL 33014

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

P: Joel E. Jimenez

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Joel E. Jimenez

6995 W 12 LN

Hialeah FL 33014

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

Joel E. Jimenez

6995 W 12 LN

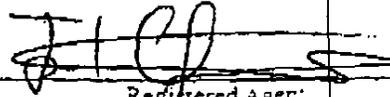
Hialeah FL 33014

H15000120460

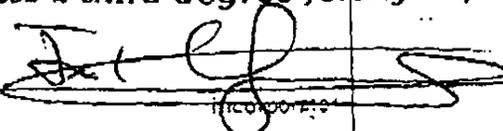
00000120460

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

x  05-18-15
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.

x  05-18-15
Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
15 MAY 18 PM 12:05

FILED