

AUG/10/2015/MON 12:27 PM

FAX No.

P. 001/003

8/10/2015

Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
JUFRAN GROUP INC.**

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

AUG 10 2015

S. GILBERT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

AUG/10/2015/MON 12:27 PM

FAX No.

P. 002/003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JUFRAN GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
100 N BISCAYNE BLVD # 2800
MIAMI, FLORIDA 33132

Mailing address, if different is:
100 N BISCAYNE BLVD # 2800
MIAMI, FLORIDA 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WHOLESALE OF FINE WATCHES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FERNANDO STOLOVAS, PRESIDENT

Address 100 N BISCAYNE BLVD # 2800
MIAMI, FLORIDA 33132

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

AUG/10/2015/MON 12:27 PM

FAX No.

P. 003/003

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: GLINSKY CPA GROUP, P.A.
Address: 100 N. BISCAYNE BLVD # 2800
MIAMI, FLORIDA 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FERNANDO STOLOVAS
Address: 100 N. BISCAYNE BLVD # 2800
MIAMI, FLORIDA 33132

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

AUGUST 07TH, 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

AUGUST 07TH, 2015

Date