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Fax Number : (850) 617-6381

From:

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Account Number : 1C4512330707
Phone : (305) 803-2736
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**FLORIDA PROFIT/NON PROFIT CORPORATION
JARCHAGA, INC.**

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: JARCHAGA, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2229 S.E. 24 PLACE
HOMESTEAD, FL. 33035

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

ARTICLE IV

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAIROLD ARCHAGA
2229 S.E. 24 PLACE
HOMESTEAD, FL. 33035

Prepared by: JAIROLD ARCHAGA
2229 S.E. 24 PLACE
HOMESTEAD, FL. 33035
786 473-3378

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**ARTICLE VI
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAIROLD ARCHAGA
2229 S.E. 24 PLACE
HOMESTEAD, FL. 33035

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

08 day of OCTOBER, 2015



Signature

**ARTICLE VII
OFFICER(S) AND DIRECTOR(S)**

The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

JAIROLD ARCHAGA
2229 S.E. 24 PLACE
HOMESTEAD, FL. 33035

DIRECTOR & PRESIDENT



Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

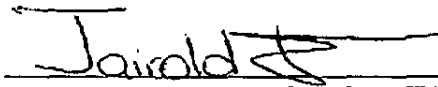
1. The name of the corporation is: JARCHAGA, INC.

2. The name and address of the registered agent and office is:

JAIROLD ARCHAGA
2229 S.E. 24 PLACE
HOMESTEAD, FL. 33035

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

(DATE) 10-08-15