

P15000087670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

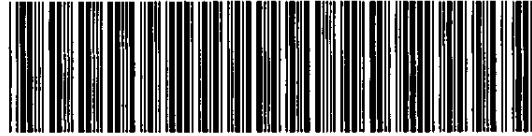
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/19/15--01044--013 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 19 PM 1:40

APPROVAL  
AND  
FILED



## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Jaymay & Associates, Inc.

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Antonio Rivera  
\_\_\_\_\_  
Name (Printed or typed)

509 SW 88th Place East  
\_\_\_\_\_  
Address

Miami, Florida 33174  
\_\_\_\_\_  
City, State & Zip

305-903-3811  
\_\_\_\_\_  
Daytime Telephone number

mayra.executive@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



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AND  
FILED

**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**

The name of the corporation shall be: Jaymay & Associates, Inc.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
509 SW 88th Place East  
Miami, Florida 33174

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and All Legal Businesses.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Antonio Rivera President	Name and Title:	Mayra C. Rivera Vice President
Address	509 SW 88th Place East	Address:	509 SW 88th Place East
	Miami, Florida 33174		Miami, Florida 33174
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Name and Title:		Name and Title:	
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Address		Address:	
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AND  
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15 OCT 19 PM 1:40

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE FLORIDA</u>
_____	_____

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Mayra C. Rivera

Address: 509 SW 88th Place East

Miami, Florida 33174

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Antonio Rivera

Address: 509 SW 88th Place East

Miami, Florida 33174

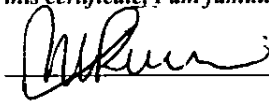
**ARTICLE VIII EFFECTIVE DATE:**

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

10/16/2015  
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

10/16/2015  
Date