

P15000099041

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.

(((H15000294644 3)))



H150002946443ABC2

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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. PINON ENTERPRISES, INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 DEC 14 AM 9:00

RECEIVED
15 DEC 14 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10406

111300007077

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

15 DEC 14 AM 9:00

ARTICLE I NAME

The name of the corporation shall be:

J. PINON ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1687 West 32 Place

Hialeah, FL 33012

Mailing address, if different is:

400 Trombull Street

Elizabeth, NJ 07206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale sales of beauty products.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN C. DOMINGUEZ

Name and Title:

Address

President, Vice President, Treas. Sec.

Address:

1687 West 32 Place

Hialeah, FL 33012

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: JUAN C. DOMINGUEZ
Address: 1687 West 32 Place
Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

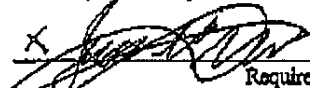
Name: JUAN C. DOMINGUEZ
Address: 1687 West 32 Place
Hialeah, FL 33012

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

X 
Required Signature/Registered Agent

12/9/15
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

12/9/15
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 DEC 14 AM 9:00


AUTHORIZATION


We, **EDUEL MORALES**, **LORENZO C. MORALES**, and **JUAN M. DOMINGUEZ**, as sole shareholders, hereby authorize the State of Florida to re-open the corporation known as **J. PINON ENTERPRISES, INC.**, as it was erroneously closed on July 9, 2015 and further authorize the State of Florida to list **JUAN C. DOMINUGEZ**, as Director, President, Vice President, Treasurer and Secretary of said corporation.

IN WITNESS WHEREOF, We have hereunto set our hands and seals, this 9th day of December, 2015.

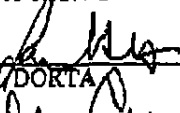
Signed, sealed and delivered in the presence of us:


WITNESSES:



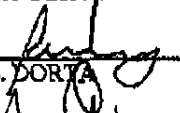
RUBEN E. DORTA



GRACIELA CORVO



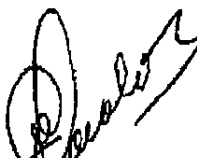
RUBEN E. DORTA


GRACIELA CORVO



RUBEN E. DORTA


GRACIELA CORVO



EDUEL MORALES



LORENZO C. MORALES



JUAN M. DOMINGUEZ

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 DEC 14 AM 9:00

H1500294644