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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954) 428-8899
Fax Number : (954) 428-6699

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: JBAEZ2187@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
JMB FINANCIAL, INC.

Certificate of Status	0
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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: JMB FINANCIAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9748 NW 35TH STREET

CORAL SPRINGS, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PHARMACY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JENNIFER BAEZ

Name and Title: PRES.

Address: 9748 NW 35TH STREET

Address: _____

CORAL SPRINGS, FL 33065

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: JENNIFER BAEZ
Address: 9748 NW 35TH STREET
CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JENNIFER BAEZ
Address: 9748 NW 35TH STREET
CORAL SPRINGS, FL 33065

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

12/18/15
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

12/18/15
Date

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