

FEB/01/2016 MON 2:13 PM

FAX No.

P. 001/003

2/1/2016

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**JD POINT ZERO CORP**

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

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

**ARTICLE I NAME** JD POINT ZERO CORP  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_

8981 SW 72 ST APT# 134

MIAMI, FL 33173

**ARTICLE III PURPOSE** ANY AND ALL LAWFULL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** SHARES: 100 @ \$5.00  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: JUAN TORRES (P) Name and Title: \_\_\_\_\_

Address 8981 SW 72 ST APT# 134 Address: \_\_\_\_\_

MIAMI, FL 33173 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: JUAN TORRES  
Address: 8981 SW 72 ST APT #134  
MIAMI, FL 33173

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUAN TORRES  
Address: 8981 SW 72 ST APT #134  
MIAMI, FL 33173


**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  01/29/2016  
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 01/29/2016  
Date