

MAY/05/2016/THU 03:04 PM

FAX NO.

P.00/003

P16000039534

Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
JCGA ENTERPRISES, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX No.

P. 002/003

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

ARTICLE I NAME JCGA ENTERPRISES, CORP.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6699 SW 137 CT APT: C _____

SAME _____

MIAMI, FL 33183 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

SHARES: 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN C. GONZALEZ ALVAREZ (P/D) Name and Title: _____

Address 6699 SW 137 CT. APT: C Address: _____

MIAMI, FL 33183 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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 C. GONZALEZ ALVAREZ
Address: 6699 SW 137 CT. APT: C
MIAMI, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN C. GONZALEZ ALVAREZ
Address: 6699 SW 137 CT. APT: C
MIAMI, FL 33183


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

05/04/16

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

05/04/16

Date