

6/20/

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P16000052887

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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TALLAHASSEE, FLORIDA

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16 JUN 21 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION JRISINCO CONSULTING INC

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

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Corporate Filing Menu

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JUN 22 2016

T. BROWN

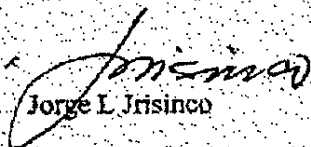
May 03, 2016
Miami, Florida

Dear Sir/Madam:

I, Jorge L. Jrisinco, president of JRISINCO CONSULTING INC. with Document number P14000036834, hereby relinquish the company name to be used to incorporate a new company with the same name. The new company will be associated with the previous company by its owner.

Please contact me at (305) 978-8357 should you require further information or have any concerns.

Kind Regards,


Jorge L. Jrisinco

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

ARTICLE I NAME JRISINCO CONSULTING INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

261 NORTH MELROSE DR

MIAMI SPRINGS, FL 33166

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: _____

Address

JORGE L JRISINCO

Address: _____

261 NORTH MELROSE DR

MIAMI SPRINGS, FL 33166

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2016 JUN 21 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JORGE L IRISINCO

Address: 261 NORTH MELROSE DR

MIAMI SPRINGS, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JORGE L IRISINCO

Address: 261 NORTH MELROSE DR

MIAMI SPRINGS, FL 33166

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 J. Irisinco
Required Signature/Registered Agent

05/03/2016

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.

X J. Irisinco
Required Signature/Incorporator

05/03/2016

Date