P/6000099619

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
	•		

Office Use Only



400292293474

400292293474 11/18/16--01019--003 **87.50

SECRE JARY OF A THEORY OF THE SECRE SECRE SERVICE SECRETARY OF A S

EFFECTIVE DATE 01/01/17

12/20/16

W16-078552



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2016

JOCELYN ZAMORA 14931 S.W. 82 LANE #304 MIAMI, FL 33193

SUBJECT: RAPID SOURCE DOCS BY JB, INC.

Ref. Number: W16000078552

We have received your document for RAPID SOURCE DOCS BY JB, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 416A00025025

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: ROS	Source Docs (PROPOSED CORPORA	by JB. Inc.	
	(PROPOSED CORPORA	TE'NAME – <u>MUST INCL</u>	<u>UDĒ SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
•	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		, pprmroN/1 co	Status
		ADDITIONAL CO	DPY REQUIRED
	•		
FROM:	Jacelyn Zam	MYCA	
	Name	e (Printed or typed)	
11.	1001 6 0 00 1-	W 2011	
<u> 10</u>	1931 Sw. 82 la	ne # 304 Address	
N	liami, FL 331	93	
	City	State & Zip	
	605,902,9291	Telephone number	
	- Daytimo	oreprone mannoer	
Ĺ.,	Osy-zehotma	d for future annual report	
\ 1	L mail addrage (to be use	d tar tutura annual rapart	natitication)

NOTE: Please provide the original and one copy of the articles.

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

	ion shall be: Rapid Source D	bcs by JB, In	<u>C</u> .
	IPAL OFFICE Principal street address	Mailing ad	ddress, if different is:
14931 Sw.	82 Jane #304		
Miami, FI.	33193		
ARTICLE III PURPO The purpose for which the	SE he corporation is organized is: <u>Creal</u>	ion of source	e documents
for pharm	accutical clinical r	research, and	l quality
control o	f source document	<u>r</u> S.	
	·		
			20 15 20 27
		1200	2
			-
	Jzikliyliu <u>LOFFICERS AND/OR DIRECTORS</u> :Joselyn Zamora, Presider	YName and Title:	
Address	14931 Sw. 82 lane #301	Address:	
	Miami, Fl. 33193		
Name and Title:	Brianna Torres	Name and Title:	
Address	14931 Sw. 82 lane #304		
	Miami, Fl. 33193		
			<u></u>
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. E.	ox NOT acceptable) of the registered agent is:
Name: Josefyn Zama	ی ۵۲۵
Address: 14931 Sw. 82	lane #304
Miami, Fl. 3	
ARTICLE VII INCORPORATOR	20 (RY)
The <u>name and address</u> of the Incorporator is:	PM 22
Name: Jame	s Adams U
Address: 17360 S	N 232 St. #76
<u>Miami, F</u>	-1.33170
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must filing.)	01-01-2017. (OPTIONAL) be specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does the document's effective date on the Department	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
	ecept service of process for the above stated corporation at the place designated in the appointment as registered agent and agree to act in this capacity
Ohh /	/\-\\-\(\(\sigma\)
I submit this document and affirm that the document to the Department of State constitu	facts stated herein are true. I am aware that the false information submitted in a test a third degree felony as provided for in s.817.155, F.S.
Required Clanatura/Incompanies	11-14-16 Date
Required Signature/Incorporator	Date

Contract to the second