P. 001/003

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION JNJ ART DEALERS CORP

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Corporate Filing Menu

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N. SAMS

Date

			FILED		
	In compliance with Chapter 60	INCORPORATION 7 and/or Chapter 621, F.S. (Pr	ofit) // JAN 20		
ARTICLEY NAM			AM 7: 5 IAILAHASOEE, FLORIEA		
	AE JNJ ART DEALERS CO		TAILAHASOEE FI SATE		
<u>ARTICLE II PRI</u>	NCIPAL OFFICE Principal street address	Mailing	address, if different is:		
3527 SW 24 ST	_				
MIAMI, FL 33145					
APTICI E III DI D	PDOSE	 			
The purpose for which	POSE h the corporation is organized is:	ND ALL LAWFULL BUSIN	ESS		
		<u>. </u>			
					
ARTICLEIV SHA	IRES 100				
The number of shares	of stock is:				
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECTOR.	7			
	itle:	_			
	3527 SW 24 ST		Name and Title:		
Address	MIAMI, FL 33145	Address:			
	***************************************	<u> </u>			
Name and Ti	JOSE I. CONTRERAS (V/P)	Name and Title:			
Address	3527 SW 24 ST	Address:			
	MIAMI, FL 33145				
Name and Ti	de:	Name and Title:			
Address		Address:			
		<u></u>			

Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT	4.11. of the median decreased account in	
Name:	Florida street address (P.O. Box NOT acception JOSE L. DIAZ	name) of the registered agent is:	
Address:	3527 SW 24 ST		
Address:	MIAMI, FL 33145		
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	address of the Incorporator is:		
Name:	JOSE L. DIAZ		
Address:	3527 SW 24 ST		
	MIAMI, FL 33145		
	EFFECTIVE DATE:		
Effective date, i If an effective iling.)	f other than the date of filing:date is listed, the date must be specific an	. (OPTIONAL) d cannot be more than five days prior or 90 days after the	
Note: If the dat	te inserted in this block does not meet the ap effective date on the Department of State's r	plicable statutory filing requirements, this date will not be listed ecords.	
Having been na	• • • •	f process for the above stated corporation at the place designat	
his cirtificate,	am familiar with and accept the appointme	nt as registered agent and agree to act in this capacity	
970P	ind Ditte	01/18/2017	
	Required Signature/Registered Ag	gent Date	
submit this do locument to the	cument and affirm that the facts stated her Department of State constitutes a third deg	rein are true. I am aware that the false information submitted ree felony as provided for in s.817.155, F.S.	
Lose	lus Viaz	01/18/2017	
Regu	ured Signature/Incorporator	Date	