

**PH00006791**

Florida Department of State  
Division of Corporations  
for the State of Florida

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
JOMARRON ENTERPRISES INC.**

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

17 JAN 20 PM 4:23

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

17 JAN 20 AM 8:51

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Corporate Filing Menu

Help

JAN 23 2017

T. SCOTT

117000079010

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Jomarron Enterprises INC. of Doc # 110000037456 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Guillermo Jomarron

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

ADD TAX ID: 46-2638445

ARTICLE I NAME: The name of the corporation is:

JOMARRON ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

17465 SW 112 CT  
Miami, FL 33157

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Guillermo Jomarron (P)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED AND FILED  
17 JAN 20 AM 8:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Guillermo Jomarron  
17465 SW 112 CT  
Miami, FL 33157

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Guillermo Jomarron  
17465 SW 112 CT  
Miami FL 33157

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**Required Signatures:**

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

|   |                         |
|---|-------------------------|
| <br><hr/> Registered Agent | 1/19/2017<br><hr/> 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.

|  |                         |
|--|-------------------------|
| <br><hr/> Incorporator | 1/19/2017<br><hr/> Date |
|--|-------------------------|

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