P/7000058776

(Requestor's Name)
(Address)
· ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Falls Mark)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600301110036

07/10/17--01037--003 **87.50

WALLE CARLES STATE

07/11/17

COVER LETTER

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

SUBJECT:	BJECT: Jade Trevel & Service corp (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Jose Pinero Nam				
	4260 SW	Address			
	MiArii - EL City,	33/7.5 State & Zin			
	_	9010157 Celephone number			
		elephone number cese quail. ed d for future annual report i	n		
	E-mail address: (to be use	d for future annual report i	notification)		

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)

The name of the corpora	tion shall be:	Travel of Service	e.oorp
ARTICLE II PRINC			g address, if different is:
4360 51	W 137CT		
	-6 33175		
ARTICLE III PURPO The purpose for which the	he corporation is organized is:	The exporation	purpose
activities	or business	bernited ar	der the lows
of the U	nitod status an	d The state	of Florida
			17
ARTICLE IV SHARE The number of shares of	stock is: 100		D AM IO: 23
	LOFFICERS AND/OR DIRECTO JOSE PINERO GONZI		RESIDENT
	4260 SW 137 CT		
	Hiami FLURIBA 331	75	
Name and Title;	Rosa Cantero Nún	Name and Title:	Vice President
	4260 500 13787		
	Himri Tedeish 33,	/A==	
Name and Title:		Name and Title:	
Address		Address:	

Name and	Title:	Name and Title:	
Address		Address:	
	EGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	TOSE PINERO GONZALEZ	nio registered agent is:	
Address:	4360 SW 13707		
_	MIANI FLORIDA 33175		
<u>ARTICLE VII</u> IN	CORPORATOR		17 JUL 10 AM 10: 24
The name and add	ress of the Incorporator is:		
Name:	JOSE PINERO GONZALEZ		
Address:	4360 SW 13707		
	MIANI FLORIDA 33175		24 IIDA
Effective date, if otl	FFECTIVE DATE: ther than the date of filing: e is listed, the date must be specific and cannot	(OPTIONAL) the more than five days price	or or 90 days after the
	serted in this block does not meet the applicable ctive date on the Department of State's records.	statutory filing requirements,	this date will not be listed as
Having been named this certificate, I am	d as registered agent to accept service of process familiar with and accept the appointment as reg	for the above stated corporal istered agent and agree to act	tion at the place designated in in this capacity
	Lua .		07/06/2017
	Required Signature/Registered Agent		Date
	nent and affirm that the facts stated herein are partment of State constitutes a third degree felony		
	1		07/00/2017
Required	1 Signature/Incorporator		Date

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