

P17000059139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

JUL 12 2017



100289981681

09/22/16--01012--011 \*\*155.00

FILED  
17 JUL 10 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FILED

17 JUL 10 PM 3:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

September 23, 2016

PEDRO PAREDES  
9221 CRESCENT DRIVE  
MIRAMAR, FL 33025

SUBJECT: JSA SYSTEMS INC  
Ref. Number: W16000065934

We have received your document for JSA SYSTEMS INC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 516A00020562

## COVER LETTER

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

**SUBJECT:** JSA SYSTEMS INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** PEDRO PAREDES

\_\_\_\_\_  
Name (Printed or typed)

9221 CRESCENT DRIVE

\_\_\_\_\_  
Address

MIRAMAR FL 33025

\_\_\_\_\_  
City, State & Zip

954-392-8669

\_\_\_\_\_  
Daytime Telephone number

FPYSERVICES@COMCAST.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report 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)

**ARTICLE I NAME**

The name of the corporation shall be: JSA SYSTEMS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

20400 SW 93 AVENUE

MIAMI FL 33189

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ORGANIZED TO DO ALL LEGAL BUSINESS IN FLORIDA  
STATE AND USA.

FILED  
17 JUL 10 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOSE S ARANA - PRESIDENT

Name and Title: JOSE S ARANA - TR/SEC

Address 20400 S.W. 93 AVENUE

Address: 20400 SW 93 AVENUE

MIAMI FL 33189

MIAMI FL 33189

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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: JOSE S ARANA  
Address: 20400 SW 93 AVENUE  
MIAMI FL 33189

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JOSE S ARANA  
Address: 20400 SW 93 AVENUE  
MIAMI FL 33189

**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 days prior or 90 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*

\_\_\_\_\_  
Required Signature/Registered Agent  
07/06/2017  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
07/06/2017  
Date