

P170000 16903

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H17000247713 3)))



H170002477133ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

17 SEP 22 AM 10:01

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

RECEIVED

17 SEP 22 AM 9:04

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

J & Y FLORIDA SERVICES INC

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



September 21, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP US

SUBJECT: J&Y SERVICES, INC.  
REF: W17000075672

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H17000247713  
Letter Number: S17A00019176

P.O BOX 6327 - Tallahassee, Florida 32314

## COVER LETTER

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

SUBJECT: J & Y FLORIDA Services 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  
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 COPY REQUIRED**

FROM: JULIO C LOPEZ

Name (Printed or typed)

1000 WEST AVE, #203

Address

MIAMI BEACH, FL 33139

City, State & Zip

3057645768

Daytime Telephone number

julioceasar2637@yahoo.com

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: J & Y FLORIDA SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1000 WEST AVE. #203

MIAMI BEACH, FL 33139

Mailing address, if different is:

1000 WEST AVE. #203

MIAMI BEACH, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P / YANET ALMAGUER

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

Address 1000 WEST AVE, #203

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

MIAMI BEACH, FL 33139

Name and Title: S/ JULIO C LOPEZ

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

Address 1000 WEST AVE, #203

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

MIAMI BEACH, FL 33139

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

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

17 SEP 22 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: JULIO C LOPEZ  
Address: 1000 WEST AVE, #203  
MIAMI BEACH, FL 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JULIO C LOPEZ  
Address: 1000 WEST AVE, #203  
MIAMI BEACH, FL 33139

17 SEP 22 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA


**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.

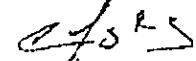
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

09/20/2017

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

09/20/2017

Date