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

From: Account Name : CORP USA
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
& L INDUSTRIAL TRANSMISSIONS DESIGN, CORP**

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

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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

OCT 30 2017
K Brumbley

COVER LETTER

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

SUBJECT: J & L INDUSTRIAL TRANSMISSIONS DESIGN, CORP

(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: DAVID IVERSON
Name (Printed or typed)
P.O. BOX 266482
Address
WESTON, FL 33326
City, State & Zip
(954) 659-8526
Daytime Telephone number
diverson@infonline.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME J&L INDUSTRIAL TRANSMISSIONS DESIGN, CORP
The name of the corporation shall be:

Principal street address

Mailing address, if different is:

7825 NW 107 AVE, DORAL, FL 33178

ARTICLE IV. PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

Name and Title: JOSE MARIANO ALBA- PRESIDENT

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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OCT 27 1957

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: DAVID IVERSON

Address: 2645 EXECUTIVE PARK DR, SUITE 131

WESTON, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID IVERSON

Address: PO BOX 266482, WESTON, FL 33326

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/25/2017. (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

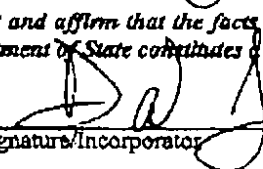


Required Signature/Registered Agent

10/25/2017

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

10/25/2017

Date