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(Requestor's Name)

(Address)

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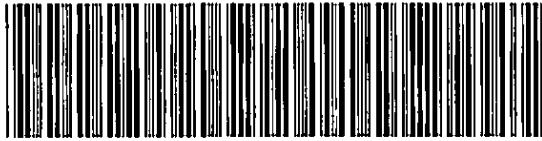
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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Special Instructions to Filing Officer:

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STATE BUREAU OF SECRET
REVISION OF CORPORATION
18 JUL 17 PM 3:44

STATE BUREAU OF SECRET
REVISION OF CORPORATION
TALLAHASSEE, FLORIDA

COVER LETTER

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

JBR CRANE SERVICE, INC.
SUBJECT: _____
(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

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

RAFAEL RIOS SANTANA
FROM: _____
Name (Printed or typed)

20 IRONWOOD DRIVE

Address

DAVENPORT, FLORIDA 33837

City, State & Zip

787 464 7011

Daytime Telephone number

rafcranes@gmail.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 JBR CRANE SERVICE, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____
320 IRONWOOD DRIVE DAVENPORT, FLORIDA 33837 _____
Mailing address, if different is: _____

ARTICLE III PURPOSE CRANE SERVICE
The purpose for which the corporation is organized is: _____

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAFAEL RIOS SANTANA-PRESIDENT Name and Title: _____

Address: 320 IRONWOOD DRIVE Address: _____
DAVENPORT, FLORIDA 33837 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

18 JUL 12 PM 3:44
SOUTHERN FLORIDA
COUNTY, STATE
ALACHUA, 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: RAFAEL RIOS SANTANA

Address: 320 IRONWOOD DRIVE

DAVENPORT, FLORIDA 33837

STATE OF FLORIDA
DIVISION OF STATE
CORPORATION

18 JUL 17 PM 3:44

FLORIDA
320 IRONWOOD DRIVE
DAVENPORT, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAFAEL RIOS SANTANA

Address: 320 IRONWOOD DRIVE

DAVENPORT, FLORIDA 33837

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

Rafael Rios Santana
Required Signature/Registered Agent

7-11-2018
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.

Rafael Rios Santana
Required Signature/Incorporator

7-11-2018
Date