

P19000006793

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.

(((H19000029161 3)))



H190000291613ABCS

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

19 JAN 24 PM 3:14

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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
JOSEFA REMEDIOS CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

C RICO
JAN 24 2019

RECEIVED
2019 JAN 24 PM 2:40

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

JOSEFA REMEDIOS CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

925 NW 97 AVE SU^{te} 301
MIAMI, FL. 33172

ARTICLE III SHARES: The number of shares of stock is: 100.00

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

JOSEFA REMEDIOS (P)

19 JAN 24 PM 3:14
STATE OF FLORIDA
DIVISION OF CORPORATE & FINANCIAL SERVICES

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOSEFA REMEDIOS
925 NW 97 ave ste 301
Miami FL 33172

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

JOSEFA REMEDIOS
925 NW 97 ave ste 301
Miami FL 33172

Required Signatures:

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

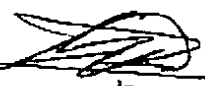


Registered Agent

01-19-19

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.



Incorporator

Date

EFFECTIVE: 1-19-19