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To:				
	Division of Corporations			
	Fax Number	: (850)617-6381		
from:				
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		
	Account Number	: 120000000019		
	Phone	: (305)552-5973		
	Fax Number	: (305)675-5944		
+*Ent		was for this business entity to be used for future lings. Enter only one email address please.**		
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FLORIDA PROFIT/NON PROFIT CORPORATION JACKAN 828 CORP

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Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLES NAME	tion shall be:		
		 	
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing adds	rece If Alfformet is:
331 NW 135 AVE		Mailing address, if different is: 331 NW 135 AVE	
PLANTATION, FL 33	325	PLANTATION, FL	33325
	•		
ARTICLE III PURPO The purpose for which t	ANY AND a corporation is organized is:	ALL LAWFULL BUSINESS	
· · · · · · · · · · · · · · · · · · ·			
			A & 2
ARTICLE IV SHAR	<u>ES</u> 100		2019 FEB SECRETA
The number of shares of	stock is:		FEB AETA
100101011			ARY SSE
	AL OFFICERS AND/OR DIRECTORS SARA I ASSI (PRESIDENT)		m _C
Name and Title	<u> </u>	Name and Title:	
Address	331 NW 135 AVB	Address:	STA C
	PLANTATION, FL 33325		D.F. 33
			· · · · · · · · · · · · · · · · · · ·
Name and Title	RICARDO A RIOS (VICEPRESIDENT)	Name and Title:	
Address	331 NW 135 AVE		
Nonces	PLANTATION, FL 33325		
•		-	
Name and Title:		Name and Title:	<u> </u>
Address		Address:	
			•

Name an	d Title:	Name and Title:	
Address		Address:	
			
			
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT accepta	ible) of the registered agent is:	
Name:	LUIS F ROSALES		
Address:	5931 NW 173 DR SUITE 9		
1111111111	MIAMI, FL 33015		
			
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		•
Name:	LUIS F ROSALES		
Address:	5931 NW 173 DR SUITE 9		
	MIAMI, FL 33015		
	•		
ARTICLE VIII	EFFECTIVE DATE:	(ORTION)	ar)
(If an effective of filing.)	other than the date of filing:	cennot be more than five day	
Note: If the date the document's a	e inserred in this block does not meet the appl ffective date on the Department of State's re-	leable statutory filing requirements	ents, this data will not be listed as
Having been na this certificate, [med as registered agains to accept service of p am familiar with and accept the appointmen	process for the above stated cor t as registered agent and agree t	poration at the place designated in o act in this capacity
		/	02/04/2019
	Required Signature/Registered Age	nt .	Date
	cument and affirm that the facts stated here		
document to the	Department of State constitutes a third degree	z felony as provided for in \$.817	7.155, F.S.
	7		02/04/2019
Requ	ired Signature/Incorporator		Dete