

P1900010603  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
(((H190000422923)))  
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.

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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 : JP GLOBAL BUSINESS  
Account Number : I20130000083  
Phone : (305)359-3700  
Fax Number : (786)217-1243

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

Email Address: master@jfgbusiness.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
FAMILY SIGNATURE CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2018 FEB -6 PM 12:06  
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Corporate Filing Menu

Help

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February 2<sup>nd</sup>, 2019

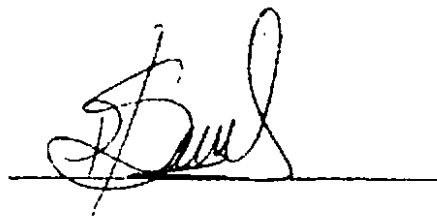
**Florida Department of State**

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of FAMILY SIGNATURE CORP , Doc # P16000078930 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very sincerely

A handwritten signature in black ink, appearing to be "J. Paul", is written over a horizontal line.

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**COVER LETTER**

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

**SUBJECT:** FAMILY SIGNATURE CORP

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(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:** SONIA BOTERO

\_\_\_\_\_  
Name (Printed or typed)

1395 BRICEKLL AVE SUITE 1380

\_\_\_\_\_  
Address

MIAMI FL 33131

\_\_\_\_\_  
City, State & Zip

(305) 359-3700

\_\_\_\_\_  
Daytime Telephone number

master@jpgbusiness.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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**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: FAMILY SIGNATURE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1395 BRICKELL AVE STE 9001395 BRICKELL AVE STE 900MIAMI FL 33131MIAMI FL 33131**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: REAL ESTATE**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: VALERIA GAITAN /PName and Title: MAURICIO GAITAN / VPAddress: 1395 BRICKELL AVE STE 900Address: 1395 BRICKELL AVE STE 900MIAMI FL 33131MIAMI FL 33131

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

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

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

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

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

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

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

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

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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: JP GLOBAL BUSINESS SOLUTIONS INC  
Address: 1395 BRICKELL AVE STE 1380  
MIAMI FL 33131

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: MAURICIO GALTAN  
Address: 1395 BRICKELL AVE STE 900  
MIAMI FL 33131

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/05/2019 (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 Agent02/05/2019  
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/Incorporator02/05/19  
Date

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