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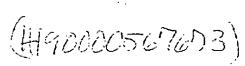
FLORIDA PROFIT/NON PROFIT CORPORATION J.D. CANER CORP

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COVER LETTER

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

SUBJECT: J.D. CA	NER CORP				
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:		
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	LAST NEW ME AN CARLOS CANER GARCIA - PE		idage OPESAT- VP		
225		(Printed or typed)			
2/38	2758 NW 27TH ST APT 2				
	Address				
MIA	MI, FL 33142				
	City, State & Zip				
786	406-3359				
	Daytime Te	lephone number			
JCA:	NCARLOSCANEL49@GMAIL.CO	М			
	E-mail address: (to be used	for future annual report no	tilication)		

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

(H190000567673)

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

CLEII PI	UNCIPAL OFFICE			
	UNCIPAL OFFICE Principal street address		Mailing a law 25 pm	
NW 27TH ST	T APT 2	Mailing address, if different is: 2758 NW 27TH ST APT 2		
MI, FL 33142			l, FL 33142	
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CLE III PU	RPOSE ich the corporation is organized is:			
AND ALL L	AWFUL BUSINESS			
				
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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 110:00 1000 1000 1000 1000 1000 1000 1	e) of the registered agent is:
Name: JULY 11 11 11 11 11 11 11 11 11 11 11 11 11	<u> </u>
Address: 2158 Nico 21 Th St-th	
MICHAIND, FL 3014	2
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
	harcia
Address: 2758 NIL 27795	<u>~</u> ~ C(C) +
MICAN FI 33	
101101111111111111111111111111111111111	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	G
(if an effective date is listed, the date must be specific and can	(OPTIONAL)
Note: If the date inserted in this block does not meet the applicabe the document's effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as t	ess for the above stated corporation at the place designated in
	-5-000 cd agent and agree to act in this capacity
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein as document to the Department of State constitutes a third document	e true. I am aware that the false information submitted in a
document to the Department of State constitutes a third degree feld	my as provided for in s.817.155, F.S.
Required Signature/Incorporator	<u> </u>
V.	Date