## P19000/830

(Rec	uestor's Name)	
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(Add	iress)	
(City	//State/Zip/Phone	<u> </u>
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PICK-UP	WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to F		
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Office Use Only



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## **COVER LETTER**

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

SUBJECT:	A Malketiva	LENAME - MUST INCL	() <u>UDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
<del>-</del>	Hejardia toma Nan 777 NW 12Nd  Micimifl 3: City  786.60-  Daytime	Address 3126 7, State & Zip	B
	F-mail address: (to be us	ed 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 The name of the corporation	on shall be:JP	Harket	ing 6x	ap. Corr		
	PAL OFFICE rincipal <u>street</u> address		N	lailing address, if dit	ferent is:	
717 NW72	NC ANE #312	296				
MICIMI FL	33126	<del></del>			ار الملا	2019
ARTICLE III PURPOS The purpose for which the	<u>IE</u> : corporation is organized is	: Onliv	ne Sci	les	CRETARY AHASSE	HAR -5
					A SNAE	2: 2
						_ <b>!</b>
ARTICLE IV SHARE.  The number of shares of s  ARTICLE V INITIAL		aectors	_			
	Alexandra Tar	la .	<del>lame and T</del> itle:	-		
Address	777 WW 721 <sup>rd</sup> AL					
		53126		<u> </u>		
100.1			Sama and Title			
Address						
					<u> </u>	<del></del> _
Name and Title:			Name and Title:	·		
Address			Address:			

Name and Title:	Name and Title:	
Address	Address:	
-		
		<u>,</u>
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:	
Name: Akejardra Tan Address: 777 NW 72 Nol A MIAMI AL 33		
Address: 777 NW 72 NC A	NE #312416	
_MIAMI AL 33	12E	2819 34.11
		HAR F.
ARTICLE VII _ INCORPORATOR		R-5
The <u>name and address</u> of the Incorporator is:		
Name: Alexandra turn Address: 777 NW 2 12/2	ayo	AHII: 27
Address: 777 NW 72 MA	WE #312913	2
LIKIMI FL 33		
ARTI <u>CLE VIII_EFFECTIVE DATE:</u>		
Effective date, if other than the date of filing:	. (OPTIONA ceific and cannot be more than five days	L) prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of		nts, this date will not be listed as
Having been named as registered agent to accept s this certificate, I am familiar with and accept the ap	ervice of process for the above stated corp pointment as registered agent and agree to	oration at the place designated in act in this capacity
Wighter A		03/05/2019.
Required Signature/Regi	stered Agent	Date
I submit this document and affirm that the facts s document if the Department of State constitutes a t	tated herein are true. I am aware that the hird degree felony as provided for in s.817.	t false information submitted in a 155, F.S.
(dina (VIIII)		13/15/2010
Required Signature Incorporator		Date
( 6		
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