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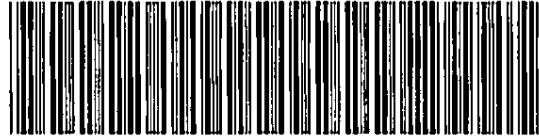
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19 MAY 29 AM 8:38
DIVISION OF CORPORATIONS
STATE OF CALIFORNIA

COVER LETTER

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 MAY 23 AM 8:38

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

SUBJECT: JOFRE DESIGN SUPPORT CO.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CESAR JOFRE

Name (Printed or typed)

334 NE 102nd STREET

Address

MIAMI SHORES, FL 33138

City, State & Zip

786-382-1695

Daytime Telephone number

CJOFRE@BELLSOUTH.NET

E-mail address: (to be used 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)

RECEIVED
DIVISION OF CORPORATE AFFAIRS
19 MAY 23 AM 8:39

ARTICLE I NAME

The name of the corporation shall be: JOFRE DESIGN SUPPORT CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

334 NE 102 STREET

MIAMI SHORES - FL. 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SUPPORT SERVICES, ERRANDS, FOR CONSTRUCTION DOCUMENTS SUBMITTALS.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CESAR JOFRE, PRESIDENT

Address: 334 NE 102nd STREET

MIAMI SHORES- FL. 33138

Name and Title: SUSANA JOFRE, TREASURER

Address: 334 NE 102nd STRET

MIAMI SHORES -FL. 33138

Name and Title: MARVIN JACKSON, DIRECTOR

Address: 1330 NW 52 STREET.

MIAMI - FL. 33142

Name and Title: ANETTE BOUCARD, DIRECTOR

Address: 710 NE 160 STREET.

MIAMI-FL. 33162

Name and Title: BILL HAMMEL, DIRECTOR

Address: 1101 SW 4th AVENUE

FORT LAUDERDALE. FL. 33315

Name and Title:

Address:

STATE OF FLORIDA
DIVISION OF CORPORATION
19 MAY 23 AM 8:39

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: CESAR JOFRE
Address: 334 NE 102nd STREET
MIAMI SHORES - FL. 33138

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CESAR JOFRE
Address: 334 NE 102nd STREET
MIAMI SHORES - FL. 33138

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5-21-2019 (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 Agent
5-21-2019
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/Incorporator
5-21-2019
Date