Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.

Account Number : I20190000059 Phone : (305)643-3922 Fax Number : (305)643-3211

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION J C C ELECTRONIC CORP

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AUG 28 2019

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

	H19000258777	3	
	ARTICLES OF INCO In compliance with Chapter 607 and/	RPORATION or Chapter 621, F.S. (Profit)	• •
RTICLE I NAME he name of the corporat	·	· OE	2) Fry 1. 18
RTICLE II PRINC	Principal street address	Mailing address, if different is:	1:10
OLLYWOOD, FL 33			
RTTCLE III PURPO ne purpose for which t	2SE GENERAL 1 he corporation is organized is:	RETAIL	
			-
			_
			-
RTICLE IV SHAR			
	AL OFFICERS AND/OR DIRECTORS		
Name and Title	JUAN C. CAMPO DIAZ - PRESIDENT	Name and Title:	
Address	5748 MCKINLEY STREET	Address:	
	HOLLYWOOD, FL 33021	<u> </u>	
Name and Title		Name and Title:	
Address			
Name and Title	·	Name and Title:	
Address		Address:	

08/27/2019 15:10 3056433211

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	+11900025	
Name a	nd Title:	Name and Title: Address:
Addres	56 <u> </u>	Address:
		7.0
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accept	obla) of the registered arent in
	JUAN C. CAMPO DIAZ	abie) of the registered agent is.
Name:	5748 MCKINLEY STREET	
Address:		
	HOLLYWOOD, FL 33021	
4 D.T.C.I. E. 1/71	INCORPORATOR	
	INCORPORATOR	
The name and a	uddress of the Incorporator is:	
Name:	JUAN C. CAMPO DIAZ	
Address:	5748 MCKINLEY STREET	
	HOLLYWOOD, FL 33021	
Effective date, i	f other than the date of filing: AUGUST 20, 2 date is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
	e inserted in this block does not meet the apple effective date on the Department of State's re-	licable staintory filing requirements, this date will not be listed as cords.
		process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
. 90		08-21-2044
× 126	Required Signature/Registered Age	0 8 - 21 - 20 19 nt Date
	cument and affirm that the facts stated here. Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a se felony as provided for in s.817.155, F.S.
(08-21-2049
Requ	nired Signature/Incorporator	08-21-2019 Date