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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.

Account Number : 120190000059 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: Jeromi modia 2 809@ hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION JAY'S ELECTRONIC SHOP & REPAIR, CORP

| Certificate of Status | 1 |
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| OTICIE II DDI | NCIPAL OFFICE | | | | |
|--|--|---|-----------------------------------|----------|----------|
| ARTICLE II PRINCIPAL OFFICE Principal street address | | Mailing add | Mailing address, if different is: | | |
| 2333 WEST 74th ST | REET, 204 | | | | |
| HIALEAH, FL 3301 | 6 | | | | _ |
| | · . | | | | _ |
| | POSE th the corporation is organized is: | TRONIC SHOP AND REPAIR | | | _ |
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| ARTICLE IV SHA | IRES 100 of stock is: | | 931 | 8 11 0 | |
| | of stock is. | | ·· . | 95 | |
| ARTICLE V INIT | <u> </u> | S | | <u> </u> | G: |
| ARTICLE V INIT | <u> </u> | S | | <u> </u> | Ø. |
| <i>ARTICLE V INIT</i> Name and T | TIAL OFFICERS AND/OR DIRECTORS itle: | DENT Name and Title: | | <u> </u> | - |
| ARTICLE V INIT | TIAL OFFICERS AND/OR DIRECTORS itle: | DENT Name and Title: | | <u>.</u> | - |
| <i>ARTICLE V INIT</i> Name and T | TIAL OFFICERS AND/OR DIRECTORS itle: JERONIMO DIAZ DIAZ / PRESIE 2333 WEST 74th STREET | DENT Name and Title:Address: | | <u>.</u> | - |
| ARTICLE V INIT Name and T Address | TIAL OFFICERS AND/OR DIRECTORS itle: 2333 WEST 74th STREET HIALEAH, FLORIDA 33016 | DENT Name and Title:Address: | | <u>-</u> | - - |
| ARTICLE V INIT Name and T Address | TIAL OFFICERS AND/OR DIRECTORS itle: JERONIMO DIAZ DIAZ / PRESIE 2333 WEST 74th STREET HIALEAH, FLORIDA 33016 | DENT Name and Title: Address: Name and Title: | | <u>-</u> | - - |
| Name and T Address Name and Ti | TIAL OFFICERS AND/OR DIRECTORS itle: JERONIMO DIAZ DIAZ / PRESIE 2333 WEST 74th STREET HIALEAH, FLORIDA 33016 | DENT Name and Title: Address: Name and Title: | | <u>-</u> | - - |
| Name and T Address Name and Ti Address | TIAL OFFICERS AND/OR DIRECTORS itle: JERONIMO DIAZ DIAZ / PRESIE 2333 WEST 74th STREET HIALEAH, FLORIDA 33016 | DENT Name and Title: Address: Name and Title: Address: | | | - |

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| Addres | 5 | Address: | |
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| ARTICLE VI | <u>REGISTERED AGENT</u> | | |
| The name and F | forida street address (P.O. Box NOT acceptable |) of the registered agent is: | |
| Name: | JERONIMO DIAZ DIAZ | | |
| Address: | 2333 WEST 74th STREET, APT 204 | | |
| | HIALEHA, FLORIDA 33016 | | _ |
| | | _ | 19 |
| ARTICLE VII | INCORPORATOR | | |
| The name and a | ddress of the Incorporator is: | | #11/4. #11/4.88E |
| ric munic and a | JERONIMO DIAZ DIAZ | | |
| Name: | JERONIMO DIAZ DIAZ | | |
| Address: | 2333 WEST 74th STREET, APT 204 | | ö |
| | HIALEAH, FLORIDA 33016 | | |
| Effective date, if | other than the date of filing: AUG 22, 2019 late is listed, the date must be specific and can | . (OPTIONA) not be more than five days | L) prior or 90 days after the |
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| Having been nat this certificate, I | ned as registered agent to accept service of proc am familiar with and accept the appointment as | ess for the above stated corpo registered agent and agree to | pration at the place designated in act in this capacity |
| 1 | 1 | | |
| X / | | | AUG 22, 2019 |
| () | Required Signature/Registered Agent | | AUG 22, 2019 Date |
| Submit this doc | Required Signature/Registered Agent | re true. I am aware that the ony as provided for in s.817.1 | Date Talse information submitted in a |
| Submit this doc | Required Signature/Registered Agent | re true. I am aware that the ony as provided for in s.817.1 | Date [alse information submitted in a |