

P19 000 067 369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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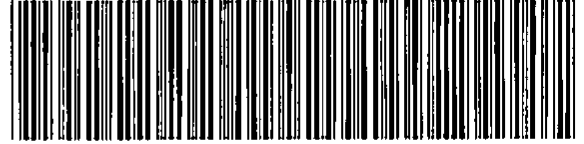
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 AUG 29 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 AUG 29 PM 2:44

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D O'KEEFE  
AUG 29 2019

## COVER LETTER

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

**SUBJECT:** JARVIN & JC REMODELING SERVICES INC

(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** JAVIN JOEL CORNEJO IRIAS

Name (Printed or typed)

4365 SW 54TH CT

Address

FT LAUDERDALE FL 33314

City, State & Zip

754-244-0141

Daytime Telephone number

PROFESSIONALS.CONTACT@GMAIL.COM

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)

**ARTICLE I NAME**

JARVIN & JC REMODELING SERVICES INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4365 SW 54TH CT

FT LAUDERDALE FL 33314

Mailing address, if different is:

SAME AS PRINCIPAL OFFICE

**ARTICLE III PURPOSE**

ALL TYPES OF REMODELING SERVICES  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

100  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

JARVIN JOEL CORNEJO IRIAS  
Name and Title: \_\_\_\_\_

PRESIDENT  
Address: \_\_\_\_\_

4365 SW 54TH CT

FT LAUDERDALE FL 33314

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

PRESIDENT  
Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2018 AUG 29 PM 2:44  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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: BERNARD BRYANT

Address: 10011 PINES BLVD STE 103

PEMBROKE PINES FL 33024

**ARTICLE VII INCORPORATOR**

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

Name: JARVIN JOEL CORNEJO IRIAS

Address: 4365 SW 54TH CT

FT LAUDERDALE FL 33314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

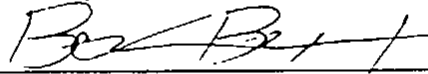
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

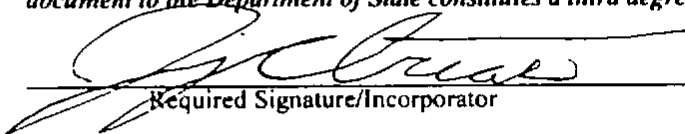


Required Signature/Registered Agent

8-29-19

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

8/29/19

Date