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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION JOSGEL, INC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: JOSGEL, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7344 SW 82 ST. APT C1157344 SW 82 ST. APT C115MIAMI, FL 33143MIAMI, FL 33143**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P: JOSE M. RAMIREZ GIL

Name and Title: _____

Address 7344 SW 82 ST. APT C115

Address: _____

MIAMI, FL 33143

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE M. RAMIREZ GIL
Address: 7344 SW 82 ST. APT C115
MIAMI, FL 33143

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:


Name: JOSE M. RAMIREZ GIL
Address: 7344 SW 82 ST. APT C115
MIAMI, FL 33143

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 09/11/2019 (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

09/11/2019
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

09/11/2019
Date

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CLERK OF COURT
STATE OF FLORIDA