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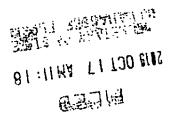
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OCT 17 2019



COVER LETTER

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

SUBJECT: JET SOI	LUTIONS SERVICES INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	RNESTINA DEZA Nam BASIL COURT	e (Printed or typed)	
		Address	
LA	WRENCEVILLE, GA 30043		
	City	. State & Zip	<u>-</u>
678	-634-0088		
	Daytime '	Telephone number	
TIN	ADEZA@LIVE.COM		
	E-mail address: (to be use	d for future annual report i	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 The name of the corpor	E JET SOLUTIONS SERVICE ation shall be:	ES INC		
ARTICLE II PRIN	Principal street address	Mailing addre	Mailing address, if different is: DWIT FALLS WAY	
PLANTATION, FL 33	3324	BRASELTON, GA 30	517	
ARTICLE III PURE The purpose for which	POSE ANY ANI the corporation is organized is:	O ALL LAWFUL BUSINESS		
· · · · · · · · · · · · · · · · · · ·	f stock is: AL OFFICERS AND/OR DIRECTORS		新仁空園 200 OCT 17 AM PEN ANASSER	
Name and Title Address	le: DIEGO A TABARES, PRESIDENT 1351 LOOWIT FALLS WAY	Name and Title: Address:	AH III	
	BRASELTON, GA 30517		2016 CD	
Name and Titl	DIEGO A TABARES, TREASURER	Name and Title:		
Address	BRASELTON, GA 30517	Address:		
Name and Titl	DIEGO A TABARES, SECRETARY	Name and Title:		
Address	1351 LOOWIT FALLS WAY BRASELTON, GA 30517			
	DIMBLETON, OR 30317			

Name at	nd Title:	Name and Title:	
Addres	s	Address:	
		<u> </u>	
	REGISTERED AGENT Storida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	DIEGO A TABARES		
Address:	1200 S PINE ISLAND RD #250		
Address.	PLANTATION, FL 33324	_	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		22
Name:	HERNESTINA DEZA		OCT I
Address:	148 BASIL COURT		蒙古電
	LAWRENCEVILLE, GA 30043		MIN OCT 17 AN III-1
	· · · · · · · · · · · · · · · · · · ·		
ARTICLE VIII Effective date, if	EFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL)	20th co
(If an effective of filing.)	date is listed, the date must be specific and ca	annot be more than five days pri	ior or 90 days after the
Note: If the date	e inserted in this block does not meet the applic effective date on the Department of State's reco		this date will not be listed as
	med as registered agent to accept service of pro am familiar with and accept the appointment a		
Required Signature/Registered Agent		7	10/14/2019
			Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State copetitutes a third degree j	are true. I am aware that the fai felony as provided for in s.817.155	lse information submitted in a 5, F.S.
If his others			10/14/2019
Requ	ired Signature/Incorporator		Date