

11/15/2019

PRO000336171

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
T & J Holdings Group Inc

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: T & J HOLDINGS GROUP INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5350 10TH AVE N SUITE 8GREENACRES FL 33463**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANTONIO MARRERO

Name and Title: _____

Address: 5350 10TH AVE N

Address: _____

SUITE 8GREENACRES FL 33463

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

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: _____

ANTONIO MARRERO

Address: _____

5350 10TH AVE N SUITE 8

GREENACRES FL 33463

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____

ANTONIO MARRERO

Address: _____

5350 10TH AVE N SUITE 8

GREENACRES FL 33463

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

11/06/2019

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

11/06/2019

Date