

P20000001585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

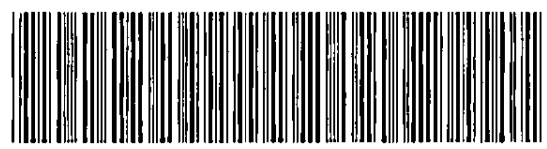
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN - 4:46:32

J. FASON
JAN 09 2020

FILED
2020 JAN - 8 AM 9:17
SECTION OF STATE
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JIG Contractors, Inc.

Signature _____

Requested by: Seth

01/08/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
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____ Courier _____

COVER LETTER

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

SUBJECT: JIG Contractors, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JOSE GUADALUPE GALARZA COLLAZO

Name (Printed or typed)

10 TOPEKA RD.

Address

LAKE WORTH, FL 33460

City, State & Zip

561-537-9182

Daytime Telephone number

info@latinostax.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

The name of the corporation shall be: JIG Contractors, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10 TOPEKA RD.

LAKE WORTH, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE G. GALARZA COLLAZO, PRES.

Name and Title: _____

Address 10 TOPEKA RD.

Address: _____

LAKE WORTH, FL 33460

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2020 JAN - 8 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL

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: JOSE G. GALARZA COLLAZO
Address: 10 TOPEKA RD.
LAKE WORTH, FL 33460

ARTICLE VII INCORPORATOR

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

Name: JOSE G. GALARZA COLLAZO
Address: 10 TOPEKA RD.
LAKE WORTH, FL 33460

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 business days prior or 90 business 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

Jose G. Galarza Collazo
Required Signature/Registered Agent

01/08/2020
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.

Jose G. Galarza Collazo
Required Signature/Incorporator

01/08/2020
Date