## 1PP010000099

(Rec	questor's Name)	
(Add	iress)	
(Ada	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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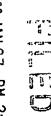
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## **COVER LETTER**

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

SUBJECT: JAS	S GROUP INC		
SUBJECT:	(PROPOSED COR	PORATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an	original and one (1) copy of t	he articles of incorporation a	nd a check for:
□ \$70.0 Filing Fe	00 □ \$78.75 ee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL C	OPY REQUIRED
FROM:	M.MARTINEZ TAX AND ACC	Name (Printed or typed)	
	7910 HARBOR ISLAND DR BI		
		Address	
	NORTH BAY VILLAGE FL 33		
		City. State & Zip	
	786-897-105 ɔ̃		
	•	time Telephone number	
	MARTINEZ.MARGARET82@C	iMA:nu.COM be used for future annual repor	d modification
	tt-man addresst Ho	de used for future annual redor	LHOHICZHORI

NOTE: Please provide the original and one copy of the articles.



January 10, 2020

Y. MARTINEZ TAX AND ACGT SERVICE 7910 HARBOR ISLAND DR B1011 NORTH BAY VILLAGE, FL 33141

SUBJECT: JAS GROUP INC 1051 Ref. Number: W20000002258

We have received your document for JAS GROUP INC 1051 and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 120A0000689

JAN 27 PM 2: 42

## **COVER LETTER**

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

JAS HO SUBJECT:	ME INVESTMENT INC		
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFF</u>		
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00	\$78.75	<b>\$78.75</b>	<b>\$87.50</b>
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

4:	M.MARTINEZ TAX AND ACGT SERVICE	
	Name (Printed or typed) 7910 HARBOR ISLAND DR B1011	
-	Address	
	NORTH BAY VILLAGE FL 33141	
	City, State & Zip	
	786-897-1055	
-	Daytime Telephone number	
	MARTINEZ.MARGARET82@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)

E	NCIPAL OFFICE Principal street address	Mailing ad	ldress, if different is:
ST			
EAH FL 33013		<u> </u>	
CLE III PUR urpose for which	POSE h the corporation is organized is:	O PROVIDE REAL ESTATE SERVIC	CES
CLE IV SHA	<i>RES</i> 10000 of stock is:	<u> </u>	
umber of shares	of stock is:	TORS	
umber of shares	of stock is:	Name and Title:	
imber of shares  CLE V INIT  Name and Ti	of stock is:  **IAL OFFICERS AND/OR DIRECT itle:  13000	Name and Title:	
imber of shares  CLE V INIT  Name and Ti	of stock is:  CIAL OFFICERS AND/OR DIRECT itle:  13000	Name and Title:	
umber of shares  CLE V INIT  Name and Ti  Address	TAL OFFICERS AND/OR DIRECT TAL OFFICERS AND/OR D	Name and Title:Address:	
CLE V INIT  Name and Ti  Address	IAL OFFICERS AND/OR DIRECT ITAL OFFICERS AND/OR DIRECT ITA	Name and Title:  Address:  Name and Title:	
umber of shares  CLE V INIT  Name and Ti  Address	IAL OFFICERS AND/OR DIRECT ITAL OFFICERS AND/OR DIRECT ITA	Name and Title:Address:	
CLE V INIT  Name and Ti  Address  Name and Tit	of stock is:  TAL OFFICERS AND/OR DIRECT  Itle: JOYCE A SIERRA  13000  KEYSTONE TERR  MIAMI FL 33181  PRESIDENT  13000	Name and Title:  Address:  Name and Title:	2020 JAN 2
Name and Ti Address	IAL OFFICERS AND/OR DIRECT  ITAL OFFICERS AND/OR DIRECT  ISONO  KEYSTONE TERR  MIAMI FL 33181  PRESIDENT  13000  KEYSTONE TERR	Name and Title:  Address:  Name and Title:	2020 JAN 2 PM S CON 1 N N O
Name and Ti Address	IAL OFFICERS AND/OR DIRECT Itle: JOYCE A SIERRA 13000 KEYSTONE TERR MIAMI FL 33181  PRESIDENT 13000 KEYSTONE TERR MIAMI FL 33181	Name and Title:  Address:  Name and Title:	SECRET VINSE ELE

Name a	nd Title:	Name and Title:
Addres	SS	Address:
	REGISTERED AGENT	
the <u>name and I</u>	Florida street address (P.O. Box NOT acceptable) of JOYCE A SIERRA	the registered agent is:
Name:		
Address:	13000 KEYSTONE TERR	
	MIAMI FL 33181	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	M MARTINEZ TAX & ACTG SERVICE	
Address:	7910 HARBOR ISLAND DR B 1011	
	NORTH BAY VILLAGE FL 33141 01-01-2	-
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and canno	. (OPTIONAL) t be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	imed as registered agent to accept service of process I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated i istered agent and agree to act in this capacity
for	(actific	01-22-2020
	Required Signature/Registered Agent	Date
I submit this do document tyrthe	cument and affirm that the facts stated herein are Department of <b>Şta</b> të constitutes a third degree felon	true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.
( )	Margan Whater	01-22-2020
Reql	ired Signature/Incorporator	Date