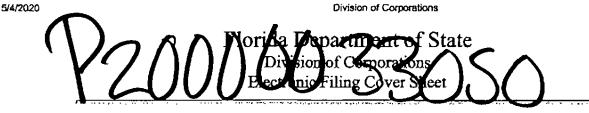
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)420-5722 Fax Number : (305)643-5225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION JOSE ANTONIO DELIVERY SERVICES INC

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H200001311213

ARTICLES OF INCORPORATION

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

	<u>CIPAL OFFICE</u>		
SW 57TH AVE	Principal street address	Mailing address, if di	fferent is:
AMI FL 33144			
CLE III PURP	<u>OSE</u>		
urpose for which	the corporation is organized is: ANY AN	ID ALL LAWFUL BUSINESS	
			
CLE IV SHAR	ES		
umber of shares of	stock is: 1200		
CLE V INITIA			
	L OFFICERS AND/OR DIRECTORS		
	L OFFICERS AND/OR DIRECTORS		
		Name and Title:	
			•
Name and Title	JOSE A TORRALBAS - PRESIDENT 660 SW 57TH AVE APT 25		•
Name and Title	JOSE A TORRALBAS - PRESIDENT		•
Name and Title	JOSE A TORRALBAS - PRESIDENT 660 SW 57TH AVE APT 25 MIAMI FL 33144		•
Name and Title	JOSE A TORRALBAS - PRESIDENT 660 SW 57TH AVE APT 25		•
Name and Title	JOSE A TORRALBAS - PRESIDENT 660 SW 57TH AVE APT 25 MIAMI FL 33144	Address:	•
Name and Title Address	JOSE A TORRALBAS - PRESIDENT 660 SW 57TH AVE APT 25 MIAMI FL 33144	Address:	•
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Name a	nd Title:	Name and Title:	
Addres	5	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptab	ie) of the registered agent is:	
Name:	JOSE A TORRALBAS		
Address:	660 SW 57TH AVE APT 25		
	MIAMI FL 33144		
	<u>INCORPORATOR</u>		Com HAY
The <u>name and ad</u>	Idress of the Incorporator is:		555
Name:	JOSE A TORRALBAS		P (1)
Address:	660 SW 57TH AVE APT 25		for the said
	MIAMI FL 33144		2:14
Effective date, if of If an effective da iling.)	EFFECTIVE DATE: other than the date of filing: 04/29/2020 ate is listed, the date must be specific and can inserted in this block does not meet the applica	nnot be more than five days p	rior or 90 days after the
e document's eff	fective date on the Department of State's recon	ote statutory ining requirements	s, this date will not be listed as
laving been name ertificate, I am fai	ed as registered agent to accept service of proces miliar with and accept the appointment as regis	s for the above stated corporatio tered agent and agree to act in t	his capacity
	Required Signature/Registered Agent		04/29/2020
submit this docus ocument to the De	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	re true. I am aware that the fa ony as provided for in s.817.155,	Date Ise information submitted in a , F.S.
quired S gnature	(Marchanilla)		04/29/2020
	anger por acor	Dar	τ