

Division of Corporations

Florida Department of State

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: JULIANJ.MONTANA@GMAIL.COM

# FLORIDA PROFIT/NON PROFIT CORPORATION

JM Montana Corp

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

6/12/2020

T. SCOTT

2020 JUN 11 PM 3:54

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**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: JM Montana Corp

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2775 W Okeechobee Rd Lot 19

Hialeah FL 33010

**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: Julian Jimenez Montana - President

Name and Title:

Address 2775 W Okeechobee Rd Lot 19

Address:

Hialeah FL 33010

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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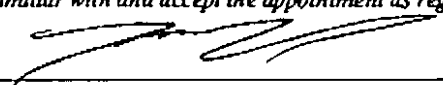
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Julian Jimenez MontanaAddress: 2775 W Okeechobee Rd Lt 19Hialeah FL 33010**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Julian Jimenez MontanaAddress: 2775 W Okeechobee Rd Lt 19Hialeah FL 33010**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 06/11/2020 (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 Agent06/11/2020\_\_\_\_\_  
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.*  
\_\_\_\_\_  
Required Signature/Incorporator06/11/2020\_\_\_\_\_  
Date

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