P20000069385

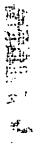
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #) PICK-UP WAIT (MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2020 SEP -9 AM 9: 35 SECRETALLY OF STATI

In

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COVER LETTER

	rw Filing Section vision of Corporations						
SUBJECT:	J&L SUPPLIES GUYANA INC LLC						
Name of Limited Liability Company							
The enclose	ed Articles of Organization and fee(s) are submitted for filing.						
Please return	m all correspondence concerning this matter to the following:						
	LUIS A. COLMENARES						
•	Name of Person						
	J&L SUPPLIES GUYANA INC LLC						
-	Firm/Company						
;	2020 NW 129TH AVE STE 208						
-	Address						
i	MIAMI, FLORIDA 33182						
ה ח	City/State and Zip Code NFO@JCBSOLUTIONSINC.NET						
_	E-mail address: (to be used for future annual report notific	ation)					
For further inf	formation concerning this matter, please call:						
J	JAVIER BOLANOS 866 2961833						
-	Name of Person Area Code Daytime Teleph	one Number					
Enclosed is a	a check for the following amount:						
≣\$ 125.00 F	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



September 2, 2020

LUIS A. COLMENARS 2020 NW 129TH AVE STE 208 MIAMI, FL 33182

SUBJECT: J&L SUPPLIES GUYANA INC LLC

Mailout

Ref. Number: W20000099320

We have received your document for J&L SUPPLIES GUYANA INC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

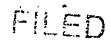
The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 820A00016837



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

ARTICLE I NAME	on shall be: J&L SUPPLIES GU	YANA INC	2820 SEP -9 AM 9= 35
ARTICLE II PRINCI			SECRETARY OF STATE
MIAMI, FLORIDA 33182			
ARTICLE III PURPO. The purpose for which th	<u>SE</u> e corporation is organized is: ANY AN	ID ALL LAW	/FUL BUSINESS
ARTICLE IV SHARE The number of shares of s	<u>S</u> lock is: 100		
	L OFFICERS AND/OR DIRECTORS		
Name and Title	LUIS A. COLMENARES - PRESIDENT	Name and Title:_	
Address	2020 NW 129TH AVE STE 208	Address:	
	MIAMI, FLORIDA 33182	_	
Name and Title:		Name and Title:	
Address		_	
Addiess			
		_	
Name and Title:		Name and Title:_	
Address		Address: _	
		_	
			

Name and T	itle:	Name and Title:			_
Address		Address:			
					
	GISTERED AGENT da street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	JC Business Solutions Inc				
_	7500 NW 25th ST Suite 237				
_	Doral, FL 33122		SEC TA	2020	
<u>ARTICLE VII IN</u>	CORPORATOR		ECRETARY OF ST TALLAHASSEE, F	2020 SEP -9	Same (exa-
The name and addre	ess of the Incorporator is:		58.5°	A	
Name:	LUIS A. COLMENARES		Ho	÷	
Address:	2020 NW 129TH AVE STE 208		73 11V.I	ည္သ	
	MIAMI, FLORIDA 33182		**,		
	FFECTIVE DATE: er than the date of filing: is listed, the date must be specific and cannot		90 days aft	er the	
Note: If the date ins	erted in this block does not meet the applicable stive date on the Department of State's records.	statutory filing requirements, this d	late will not	be liste	d as
Having been named certificate, I am fami	as registered agent to accept service of process fo iliar with and accept the appointment as registere	r the above stated corporation at th d agent and agree to act in this cap	e place desig xacity	nated in	ı this
		C)9/09/2020)	
Required Signature/Registered Agent			Date		
I submit this docum document to the Dep	ent and affirm that the facts stated herein are t artment of State constitutes a third degree felony	rue. I am aware that the false inf as provided for in s.817.155, F.S.	ormution su	bnitted	in a
707		(09/09/202	0	
Required Signature/I	ncorporator	Date			