

11/24/2020

Division of Corporations

P2 00000091151

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

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

Email Address: Claudia@chfinancialcpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION
JMSB ENTERPRISE INC

Certificate of Status	0
Certified Copy	0
Page Count	04
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2020 NOV 24 PM 12:10

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COVER LETTER

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

SUBJECT: JMSB Enterprise, 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: Claudia Escobar Reyes

Name (Printed or typed)

6075 W Commercial Blvd

Address

Tamarac, FL 33319

City, State & Zip

954-724-4141

Daytime Telephone number

claudia@cbsfinancialcpa.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 NAMEThe name of the corporation shall be: JMSB Enterprise, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address3430 Galt Ocean Dr Apt 1010Fort Lauderdale, FL 33308

Mailing address, if different is

3430 Galt Ocean Dr Apt 1010Fort Lauderdale, FL 33308**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: Jose M Scheelje Bravo - PVTD

Name and Title: _____

Address 3430 Galt Ocean Dr Apt 1010

Address: _____

Fort Lauderdale, FL 33308

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jose M Scheelje Bravo
Address: 3430 Galt Ocean Dr Apt 1010
Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: 3430 Galt Ocean Dr Apt 1010
Address: Fort Lauderdale, FL 33308

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 11/23/2020 (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 Agent

11/23/20
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/Incorporator

11/23/20
Date