

P20000097961

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 : GSL ACCOUNTING SERVICES
Account Number : 126200000184
Phone : (786)786-7993
Fax Number : (754)217-5939

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

Email Address: _____

FLORIDA PROFIT/NON-PROFIT CORPORATION
JSADI CORP

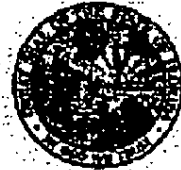
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

J. FASON

DEC 21 2020

2020 DEC 18 AM 9:54

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December 17, 2020

GSL ACCOUNTING SERVICES

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: JSADI CORP
REF: W20000144004

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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

Derrick Thompson
Regulatory Specialist II
New Filing Section

FAX Aud. #: B20000429143
Letter Number: 320A00025586

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Jsadi corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

320 Euclid Ave #M 33139miami beach**ARTICLE III SHARES:** The number of shares of stock is: _____**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Johan Santoyo (Presidente)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

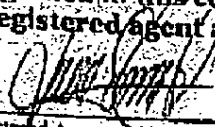
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Johan Santoyo320 Euclid ave 33139 #Mmiami beach**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Johan Santoyo320 Euclid ave #M 33139miami beach

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Required Signatures:

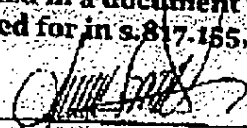
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent12/17/2020

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.



Incorporator12/17/2020

Date

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