

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		•	, .	. 4.7
	Division of Cor	porations	15.25	Č
	Fax Number	: (850)617-6381		:-
From:			,	! :a-
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		
	Account Number	: I2000800019		$\equiv$
	Phone	: (305)552-5973	⇔4	$\bar{\zeta}$
	Fax Number	: (305)675-5944		==

\*\*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 JM BUSINESS GROUP SERVICES CORP

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

JAN 0 5 2021

r. SCOTT

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
JM Business Group Services (	<u></u>	`
ARTICLE II PRINCIPAL OFFICE:	-14	
The principal street address and mailing address is:		
118 Calabria Ave, 33134		
1-031-030-67		
ARTICLE IU SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  Tavier Mendez Relacing  (P)	2621 (16)1 -14	
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	<u>.</u>	
ARTICLE V INITIAL REGISTERED ACCUME AND OFFICE	55	
The name and Florida street address (PO Box not acceptable) of the registered agent is:  January Mendez Roydon		
118 Calabria Ave 33134		
Coral Gables Fl		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Javier Mendez Roldan		
118 Calabria Ave		

## 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 agent

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.

Date