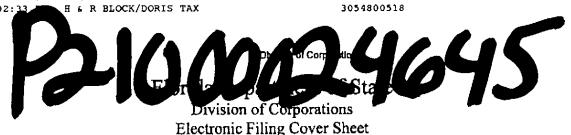
3/18/2021



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : 120200000059

: (954)727-9771

Phone Fax Number

: (954)727-9773

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 **JCACERES SERVICES CORP**

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COVER LETTER

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

SUBJECT: JCAC	ERES SERVICES CORP (PROPOSED CORPORA	TE NAME - MUST INCL	UDĘ SUFFIX)
Enclosed are an orig	inal and one (1) copy of the an	icles of incorporation and	i a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRE		PY REQUIRED	
FROM: "Ш	MMY A. CACERES HERNA Nam	ANDEZ e (Printed or typed)	·
_91	120 FONTAINEBLEAU BLV	D #505 Address	
	MIAMI, FLORIDA 33172 City	, State & Zip	
_	786-740-6580 Daytime	l'elephone number	
	JIMMY.CACERES@OUTL E-mail address: (to be use	OOK.COM ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

H210001104813

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

ARTICLE I NAME The name of the corporation	on shall be: JCACERES SERVIC	ES CORP	
<u>ARTICLE II PRINCI</u> F		Mailing adda SAME	ress, if different is:
Miami, Florida			
	corporation is organized is: ONLINE	RETAIL AND OTHER	SERVICES
			ii) i
			<u> </u>
			SE
ARTICLE IV SHARE The number of shares of s	<u>ES</u> stock is: <u>1000</u>		M 10: 53
<u>-</u>	L OFFICERS AND/OR DIRECTORS		
Name and Title	:Jimmy A. Cacerus Hernandez President	Name and Title:	
Address	9120 Fontainebleau Blvd # 505 Miami, Florida 33172		
Nome and Title:		Name and Title:	
Address			
Name and Title	· · · · · · · · · · · · · · · · · · ·		
Address		Address:	

Name and 1	fitle:	Name and Title:	
Address		Address:	
		-	
			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI - RI	EGISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Lamadrid Financial Services Corp	_ _	To N
Address:	10154 W Flagler Street		PI HAR
	Miami, Florida 33174	<u></u>	FIL.
ARTICLE VII _II	NCORPORATOR		
The name and add	ress of the Incorporator is:) (10: 53 (10: 53
Name:	Jimmy A. Caceres Hernandez		전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전
Address:	9120 Fontainebleau Blvd # 505		
	Miami, Florida 33172		
Effective date if o	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and ca	. (OPTIONAL nuot be more than five days p	.) prior or 90 days after the
Note: If the date i	nserted in this block does not meet the applic fective date on the Department of State's reco	able statutory filing requirementeds.	ts, this date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of proce millar with and accept the appointment as reg	ess for the above stated corporat istered agent and agree to act in	ion at the place designated in this this capacity
Ale	Vis Lamadrid		03/19/21
	Required Signature/Registered Agent		Date
I submit this docu document to the O	ment and affirm that the facts stated herein epartment of State constitutes a third degree f	are true. I am aware that the clony as provided for in \$.817.15	false information submitted in a 55, F.S.
Qin	my Caceres Micorporator	_	03/19/21
Required Stenatur	e/Incorporator		Date

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