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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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2021 MAY 21 AM 5:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 MAY 21 PM 5:05

FLORIDA PROFIT/NON PROFIT CORPORATION
JM SIGNS & SERVICES, INC

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

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

ARTICLE I NAME
The name of the corporation shall be: JM SIGNS & SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
3399 NW 72 AVE
129
MIAMI, FL 33122

Mailing address, if different is:
3399 NW 72 AVE
129
MIAMI, FL 33122

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P: NELSON A. TORRES ALONSO
Address: 3399 NW 72 AVE
129
MIAMI, FL 33122

Name and Title: D: JUAN M. ALONSO CHACIN
Address: 3399 NW 72 AVE
129
MIAMI, FL 33122

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: JUAN M. ALONSO CHACIN

Address: 3399 NW 72 AVE. STE 129

MIAMI, FL 33122

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JUAN M. ALONSO CHACIN

Address: 3399 NW 72 AVE. STE 129

MIAMI, FL 33122

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/04/2021. (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

X Juan Alonso 05/04/2021

Required Signature/Registered Agent 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.

X Juan Alonso 05/04/2021

Required Signature/Incorporator Date