

PZ1 00050778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

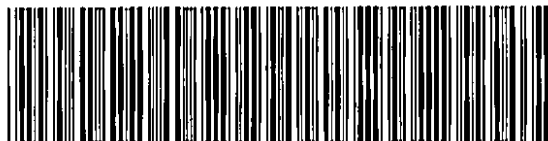
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800367182478

FILED

2021 MAY 27 PM 3:30

CLERK OF COURT
TALLAHASSEE, FLORIDA

05/27/21--01009--009 **78.75

2021 MAY 27 11:43

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

Danny

5/27



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

TALLAHASSEE, FLORIDA

2021 MAY 27 PM 3:30

FILED

JTT Dolphins Pompano, Inc
(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: JTT DOLPHINS POMPAHO, 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: EDUARDO CAMET
Name (Printed or typed)
5240 S. UNIVERSITY DRIVE #102
Address
DAVIE, FL 33328
City, State & Zip
954 - 605 - 0986
Daytime Telephone number
EDUARDO@CAMET.US
E-mail address: (to be used for future annual report notification)

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

FILED
2021 MAY 27 PM 3:30
TALLAHASSEE, FLORIDA

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:

JTT Dolphins Pompano, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5240 S. UNIVERSITY Drive
Suite 102
DAVE FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

REAL ESTATE INVESTMENT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

FERNANDO BRICENO GALDOS

Name and Title:

Address

3243 NE 13th St
Pompano Beach, FL 33062

Address:

Name and Title:

LORENA QUINCOT ZAVALA
Vice President

Name and Title:

Address

3243 NE 13th St
Pompano Beach, FL 33062

Address:

Name and Title:

JAZEL BRICENO MERCADO
DIRECTOR

Name and Title:

Address

3243 NE 13th St
Pompano Beach
FL, 33062

Address:

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 MAY 27 PM 3:30

FILED

TAIS BRICENO QUINCOT
Name and Title: SECRETARY

Address: 3243 NE 13th St.
POMPANO BEACH
FL 33062

TALIA BRICENO QUINCOT
Name and Title: TREASURER

Address: 3243 NE 13th St.
POMPANO BEACH
FL 33062

ARTICLE VI REGISTERED AGENT

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

Name: EDUARDO CAMET

Address: 5240 S. UNIVERSITY Drive, Suite 102
DAVIE, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FERNANDO BRICENO GALDOS

Address: 3243 NE 13th St.
POMPANO BEACH, FL 33328

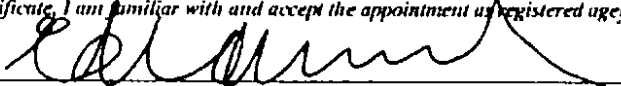
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

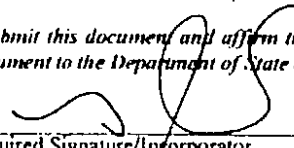
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-26-2021
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 
Required Signature/Incorporator

05-26-2021
Date

CLERK OF THE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 27 PM 3:30

FILED