Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)298-6579

Fax Number : (305)643-5225

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

Email Address: JMEJIAREYES @ HOTMAIL. COH

## FLORIDA PROFIT/NON PROFIT CORPORATION JMB EMPIRE CORP

Certificate of Status	1
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Help JUN 11 2021

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF INCORPORATION

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

TICLE II PRINCIPAL OFFICE			
Principal street address	Mailing a	Mailing address, if different is:	
2737 NW 54TH ST	<del>-</del>	<u> </u>	
MIAMI FL 33142			
FICLE III PURPOSE  purpose for which the corporation is organized is:	ANY AND ALL LAWFUL BUSINE	SS	
<u> </u>			
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		AS AS	
		- SE	
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ICLE IV SHARES		-0	
		<u>64</u> 9	
number of shares of stock is: 1,000	<del></del>	THE 18	
	<u>FORS</u>	16 10 A	
number of shares of stock is: 1,000			
number of shares of stock is: 1,000  ICLE V INITIAL OFFICERS AND/OR DIRECT			
Name and Title: Juan Mejias Reyes - Presiden	t Name and Title:		
Name and Title: Juan Mejias Reyes - Presiden  Address 2737 NW 54TH ST	t Name and Title:		
Name and Title: Juan Mejias Reyes - Presiden  Address 2737 NW 54TH ST	t Name and Title:Address:		
Name and Title: Juan Mejias Reyes - Presiden  Address 2737 NW 54TH ST  MIAMI FL 33142	Name and Title:  Address:  Name and Title:		
Name and Title: Juan Mejias Reyes - Presiden  MIAMJ FL 33142  Name and Title:	Name and Title:		
Name and Title: Juan Mejias Reyes - Presiden  MIAMJ FL 33142  Name and Title:	Name and Title:		
Name and Title: Juan Mejias Reyes - Presiden  Address MIAMI FL 33142  Name and Title: Mame and Title: Address	Name and Title:  Address:  Name and Title:  Address:		
Name and Title: Juan Mejias Reyes - Presiden  Address 2737 NW 54TH ST  MIAMI FL 33142  Name and Title:	Name and Title:		

Name	and Title:	Name and Title:	
Addre		Address:	
		<del></del>	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acc	eptable) of the registexed agent is:	
Name:	Juan Mejias Reyes	<u></u>	
Address:	2737 NW 54TH ST		TA
	MIAMI FL 33142	<u> </u>	ZIPI JUH 10 SLCKLINGT ALLAHASSE
ARTICLE VII	INCORPORATOR		
The name and a	oddress of the Incorporator is:		至 章 17
Name: Reyes	Juan Mejias		AMII: 18
Keyes Address:	2737 NW 54TH ST		A CO
	MIAMI FL 33142		ć
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
	date is listed, the date must be specific a	nd cannot be more than five days pric	or or 90 days after the
	e inserted in this block does not meet the a ffective date on the Department of State's		this date will not be listed as
Having been nan certificate, I am f	ned as registered agent to accept service of j amiliar with and accept the appointment a	process for the above stated corporation registered agent and agree to act in thi	at the place designated in this is capacity
	Mispa	Λ	06/10/2021
	Required Signature/Registered Apparent and affirm that the facts stated he	rem are true. I am aware that the false	Date Information submitted in a
uycument 10 the l	pariment of State constitute a third degr	y Jeiony as provided for in 5.81/.155, t	06/10/2021
Required Signatu	re/Incorporator	Date	