

P210000060251

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6381

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STATE  
TALLAHASSEE, FL

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\*\*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  
JV LIMOUSINE SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

**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:

**JV LIMOUSINE SERVICES INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address:

12335 SW 29 Terrace  
Miami, FL 33175

Mailing address, if different:

12335 SW 29 Terrace  
Miami, FL 33175

**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:

1,000 shares authorized. 100 shares issued and outstanding

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jose Andres Vidaillet, President/Secretary  
Address: 12335 SW 29 Terrace  
Miami, FL 33175

Name and Title: Jose Andres H. Vidaillet, Treasury  
Address: 12335 SW 29 Terrace  
Miami, FL 33175

Name and Title:  
Address:

STATE OF FLORIDA  
TALLAHASSEE, FL

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**ARTICLE VI REGISTERED AGENT**

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

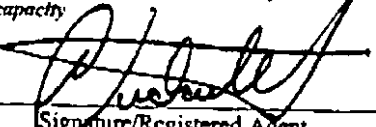
Name: Jose Andres Vidaillet  
Address: 12335 SW 29 Terrace  
Miami, FL 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

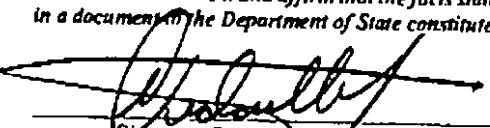
Name: Jose Andres Vidaillet  
Address: 12335 SW 29 Terrace  
Miami, FL 33175

.....  
*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.*

  
\_\_\_\_\_  
Signature/Registered Agent

6/25/21  
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.*

  
\_\_\_\_\_  
Signature/Incorporator

6/25/21  
Date

STATE  
TALLAHASSEE, FL

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