

6/15/2021

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

From: Account Name : ISAMAR TORRES
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

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

Email Address: info@yourdreamms.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
JAH COMPANY, CORP**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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J. DENNIS
SEP 16 2021

COVER LETTER

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

SUBJECT: JAHCOMPANY, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: BIBIANA CHILA
Name (Printed or typed)

1457 MARTINIQUE CT APT 5602
Address

WESTON FLORIDA 33326
City, State & Zip

631-575-9467
Daytime Telephone number

JAHCOMPANY2019@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JAI COMPANY, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1457 MARTINIQUE CT APT 5602
WESTON FLORIDA 33326

Mailing address, if different is:

1457 MARTINIQUE CT APT 5602
WESTON FLORIDA 33326**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BIBIANA CHILA - PRESIDENTName and Title: EDWARD CASAS - VICE-PRESIDENTAddress 1457 MARTINIQUE CT APT 5602Address: 1457 MARTINIQUE CT APT 5602WESTON FLORIDA 33326WESTON FLORIDA 33326

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: YOUR DREAM MULTISERVICES CORPAddress: 8300 NW 53RD ST SUITE 350MIAMI FLORIDA 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: BIBIANA CHILAAddress: 1457 MARTINIQUE CT APT 5602WESTON FLORIDA 33326**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

Isamar Torres

Required Signature/Registered Agent

05/20/2021

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.

Bibiana Chila

Required Signature/Incorporator

05/20/2021

Date

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