

P22000009588

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000053693 3)))



H22000053693ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
JM STAFFING 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 NAMEThe name of the corporation shall be: JM STAFFING SERVICES, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address3399 NW 72ND AVESUITE: 130MIAMI, FL 33122

Mailing address, if different is:

3399 NW 72ND AVESUITE: 130MIAMI, 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: JUAN M. ALONSO CHACINAddress 3399 NW 72ND AVESUITE: 130MIAMI, FL 33122Name and Title: VP: MARIA J. SAMPAYO M.Address: 3399 NW 72ND AVESUITE: 130MIAMI, 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 72ND AVE. SUITE: 130
MIAMI, FL 33122

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

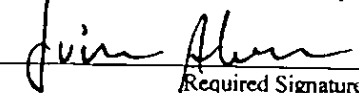
Name: JUAN M. ALONSO CHACIN
Address: 3399 NW 72ND AVE. SUITE: 130 SUITE: 13
MIAMI, FL 33122

ARTICLE VIII EFFECTIVE DATE:

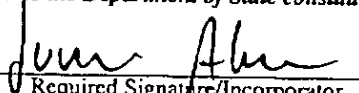
Effective date, if other than the date of filing: 01/31/2022. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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  _____
Required Signature/Registered Agent 01/31/2022
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 01/31/2022
Date