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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION

Account Number : I20190000086 Phone : (305)275-1300 Fax Number : (305)275-1301

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

jcalbertmagic@gmail.com Email Address:

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# FLORIDA PROFIT/NON PROFIT CORPORATION **JC Illusions Performer Corp**

Certificate of Status	0
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# 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: JC Illusions Performer Corp

ARTICLE II

PRINCIPAL OFFICE

Principal street address is: 16727 SW 117 Ave, Miami, FL 33177

Mailing address, if different is:

#### 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: Carlos A Jimenez, President

Address: 12900 SW 220 Terrace, Miami, FL 33170

## ARTICLE VI REGISTERED AGENT

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

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

3: <del>5</del>5

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

<u>Ulloa and Company Professional Association</u>

14050 SW 84 Street, Suite 104, Miami, FL 33183

# **ARTICLE VIII EFFECTIVE DATE**

Effective date, if other than the date of filing:

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

04/20/2022

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.

Required Signature / Incorporator

04/20/2022

