

4/28/22 1:00 PM
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
2200015407431749

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.

((H22000154074 3)))



H220001540743ABCZ

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

Handwritten signature and date 4/29/22

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

Email Address: _____

RECEIVED
2022 APR 28 PM 1:07
CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
JOSAINT INVESTMENTS CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 APR 28 AM 11:42

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JOSAINT INVESTMENTS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address1331 PERI STOPA LOCKA, FL 33054

Mailing address, if different is:

1331 PERI STOPA LOCKA, FL 33054**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JO-HANNA SAINT-BLANCARD - P

Name and Title: _____

Address

1331 PERI ST

Address: _____

OPA LOCKA, FL 33054Name and Title: JOSE A. OCAMPO DIAZ - VP

Name and Title: _____

Address

1331 PERI ST

Address: _____

OPA LOCKA, FL 33054

Name and Title: _____

Name and Title: _____

Address

Address: _____

2022 APR 28

01 4:42

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: JO-HANNA SAINT-BLANCARD
Address: 1331 PERI ST
OPA LOCKA, FL 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JO-HANNA SAINT-BLANCARD
Address: 1331 PERI ST
OPA LOCKA, FL 33054

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

/s/ Jo-Hanna Saint Blancard 04/25/2022
Required Signature/Registered Agent 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.

/s/ Jo-Hanna Saint Blancard 04/25/2022
Required Signature/Incorporator Date

2022 APR 28 AM 1:12