

Handwritten ID: P22000032675

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.

((H22000158468 3))



H220001584683ABC3

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 : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

Handwritten signature and date: 5/3/22

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

Email Address: FIDOMETAL@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Juandyman Services Inc

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

RECEIVED
2022 MAY -2 PM 2:34
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

2022 MAY -2 PM 4:36

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: Juandyman Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
6418 Suntree Ct
Greenacres, FL 33413

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Felipe Velez - President/Director

Name and Title: Kirlyn Aristizabal - Secretary/Director

Address: 6418 Suntree Ct
Greenacres, FL 33413

Address: 6418 Suntree Ct
Greenacres, FL 33413

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2021-11-22 PM 4:36

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 Felipe Velez
 Address: 6418 Suntree Ct
Greenacres, FL 33413

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Juan Felipe Velez
 Address: 6418 Suntree Ct
Greenacres, FL 33413

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

 Required Signature/Registered Agent Juan Felipe Velez May 2, 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.

 Required Signature/Incorporator Juan Felipe Velez May 2, 2022
 Date

2022 MAY -2 PM 4:36