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Division of Corporations

Fax Number

: (850)617-6381

from:

Account Name : JABBASH LLC
Account Number : I20220000113
Phone : (407)434-0012
Fax Number : (321)577-1025

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

Email Address: BlessedTeaminfo@protonmail.com

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FLORIDA PROFIT/NON PROFIT CORPORATION AA ALICEA MARKETING, INC.

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COVER LETTER

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

SUBJECT: AA ALICEA MARKETING, 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

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□ \$78.75

□ \$87.50

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ADDITIONAL COPY REQUIRED

FROM: Lesbia Segura

Name (Printed or typed)

3321 S ORANGE BLOSSOM TRAIL #206

Address

Kissimmee, FL 34746

407-434-0012

Daytime Telephone number

BlessedTeaminfo@protonmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

(((H220002132763)))

| CLE II PRIN | NCIPAL OFFICE | | | |
|--|---|-----------------|-----------------------------------|--|
| Principal street address 911 SW 80TH APT 205 | | Mailing ac | Mailing address, if different is: | |
| AMI, FL | 33193 | | | |
| CLE III PUR urpose for which | POSE h the corporation is organized is: | NY AND ALL LAW | FUL BUSINE | |
| | | | | |
| | | | | |
| | | | | |
| | | | 7 A.I. | |
| CLE IV SHA | <u>RES</u> 100 | | TALLAHASSI | |
| umber of shares | RES of stock is: 100 | | | |
| | IAL OFFICERS AND/OR DIRECTO ANGEL ALFONZO ALICEA RI ^N | JERA P | E. FLOW | |
| Name and Ti | 14911 SW 80TH AP | Name and The | 20 C | |
| | | | | |
| | MIAMI, FL 33193 | | | |
| Name and Tit | le: | Name and Title: | | |
| | | Address: | | |
| Address | | | | |
| Address | | | | |
| Address | | | | |
| | le: | Name and Title: | | |

| Name and | d Title: | Name and Title: | |
|---|---|----------------------------|----------------------------|
| Address | | Address: | |
| | | | |
| | | | |
| | <u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of | the registered agent is: | |
| Name: | Lesbia Segura | | |
| Address: | 3321 S ORANGE BLOSSOM TRAIL #206 | • | |
| Addiess. | Kissimmee, FL 34746 | | |
| | | • | 2028 |
| ARTICLE VII | <u>INCORPORATOR</u> | | الله |
| The name and ad | Idress of the Incorporator is: | | N 21 |
| Name: | Lesbia Segura | | SEE O |
| Address: | 3321 S ORANGE BLOSSOM TRAIL #206 | i e | # 12 SF ST |
| | Kissimmee, FL 34746 | • | 2022 JUN 20 PH 12: 53 |
| Effective date, if (If an effective diling.) Note: If the date | other than the date of filing: June 15, 20 late is listed, the date must be specific and cannot inserted in this block does not meet the applicable ffective date on the Department of State's records. | t be more than five days ; | orior or 90 days after the |
| Having been nam certificate, I am f | ned as registered agent to accept service of process for amiliar with and accept the appointment as register | | this capacity |
| -c | Required Signature/Registered Agent | | June 15, 2022 |
| | | | Date |
| | ument and affirm that the facts stated herein are Department of State constitutes a third degree felony | | |
| | Jan Leps | | June 15, 2022 |
| Required Signatur | | | Pate |