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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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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

FLORIDA PROFIT/NON PROFIT CORPORATION
JUAMA 56 CORPORATION

Certificate of Status	1
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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: **JUAMA 56 CORPORATION**
(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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Lesbia Segura**
Name (Printed or typed)
3321 S ORANGE BLOSSOM TRAIL #206
Address
Kissimmee, FL 34746
City, State & Zip
407-434-0012
Daytime Telephone number
BlessedTeaminfo@protonmail.com
E-mail address: (to be used for future annual report notification)

2022 AUG 23 AM 2:07

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

(((H22000285564 3)))

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: JUAMA 56 CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14957 75TH RD N

LOXAHATCHEE, FL 33470

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: JUAN CAICEDO, P

Name and Title: _____

Address: 14957 75TH RD N

Address: _____

LOXAHATCHEE, FL 33470

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Lesbia Segura
 Address: 3321 S ORANGE BLOSSOM TRAIL #206
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR

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

Name: Lesbia Segura
 Address: 3321 S ORANGE BLOSSOM TRAIL #206
Kissimmee, FL 34746

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 23, 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.)

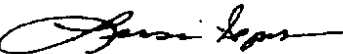
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature/Registered Agent

August 23, 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

August 23, 2022
 Date