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COVER LETTER

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

SUBJECT: Jain	me Castro, P.A.		
30D/ECT:	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	d a check for:
□ \$70.0 Filing Fo		S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		ne (Printed or typed)	
	15100 NW 67th Ave., Suite 200	, , , , , , , , , , , , , , , , , , ,	
		Address	
	Miami Lakes, FL 33014	C 0 7'	
	•	. State & Zip	
	305-631-2438		
	Daytime	Telephone number	
	Jonathan@steszewskimedina.com		
-	E-mail address: (to be use	ed for future annual report r	otification)

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

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JAIME CASTRO, P.A				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
		ı	·	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	· <u> </u>		<u> </u>	Fictitious Owner Search
2				Vehicle Search
	- -		ļ —	Driving Record
Requested by: SETH	08/24/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

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

ICLE II PRINCIPAL OF		Mailine addn	es if different is:	
Principal street address 80 SW 107th Avc., Apt 1307		Mailing address, if different is:		
ami, FL 33173				
acticus puppons		··· <u></u>		
ICLE III PURPOSE purpose for which the corpora	ation is organized is: The pur	pose of this company is for real est	ate.	
	<u> </u>			
			22	
			AUG	
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	<u> </u>		:	
			PM 3: 47	
- <u>-</u> -			PH 3: 47	
			7	
ICLE IV SHARES				
number of shares of stock is: 1	00	·		
ICLE V INITIAL OFFIC	EPS AND/OU DIRECTORS			
ICLE V INITIAL OFFIC				
Name and Title: Jaime Co	astro, President	Name and Title:		
Name and Title: Jaime Co	astro, President	4.13		
Name and Title: Jaime Ca Address 7380 SW	astro, President			
Name and Title: Jaime Ca Address 7380 SW	astro, President V 107th Ave., Apt 1307 FL 33173			
Name and Title: Jaime Ca Address 7380 SW	astro, President V 107th Ave., Apt 1307			
Name and Title: Jaime Ca Address 7380 SW Miami, I	astro, President V 107th Ave., Apt 1307 FL 33173			
Name and Title: Jaime Co	astro, President V 107th Ave., Apt 1307 F1. 33173	Address:		
Name and Title: Jaime Ca Address 7380 SW Miami, I Name and Title: Address	astro, President V 107th Ave., Apt 1307 F1. 33173	Address:		
Name and Title: Jaime Ca Address 7380 SW Miami, I Name and Title: Address	astro, President V 107th Ave., Apt 1307 F1. 33173	Address:		
Name and Title: Jaime Ca Address Address Miami, I Name and Title: Address	astro, President V 107th Ave., Apt 1307 F1. 33173	Address:		
Name and Title: Jaime Canddress Address Miami, I Name and Title: Address	astro, President V 107th Ave., Apt 1307 F1. 33173	Name and Title:		
Name and Title: Jaime Canddress Address Miami, I Name and Title: Address	astro, President V 107th Ave., Apt 1307 F1. 33173	Address:		
Name and Title: Jaime Canddress Address Miami, I Name and Title: Address Name and Title:	astro, President V 107th Ave., Apt 1307 F1. 33173	Name and Title: Name and Title: Name and Title:		
Name and Title: Jaime Canddress Address Miami, I Name and Title: Address Name and Title:	astro, President V 107th Ave., Apt 1307 F1. 33173	Name and Title: Name and Title: Name and Title:		

Name a	and Title:	Name and Title:
Addre	ss	Address:
R <i>TICLE VI</i> c name and l	REGISTERED AGENT Florida street address (P.O. Box NOT accepts	able) of the registered agent is:
ame:	Jonathan Steszewski, Esq.	
ldress:	15100 NW 67 Ave., Suite 200	2 [©]
	Miami Lakes, FI. 33014	SECITE DIVISION 22 AUG
TIÇLE VII	<u>INCORPORATOR</u>	7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
e <u>name and a</u>	address of the Incorporator is:	PA PPOPS
Name:	Jonathan Steszewski, Esq.	3: 47
Address:	15100 NW 67 Ave., Suite 200	TONS SHOOT
	Miami Lakes, FL 33014	
fective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) I cannot be more than five days prior or 90 days after the
	e inserted in this block does not meet the app effective date on the Department of State's re	plicable statutory filing requirements, this date will not be listed as ecords.
		ocess for the above stated corporation at the place designated in this registered agent and agree to act in this capacity
 	1	8/23/22
•	Required Signature/Registered Age	ent Date
ibmit this do ument to the	cument and affirm that the facts stated here Department of State constitutes a third degre	ein are true. I am aware that the false information submitted in a see felony as provided for in s.817.155, F.S.
•		8/23/22
quired Signat	ure/Incorporator	Date