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From: Yanet Avila

9/20/22, 12:36 PM

Division of Corporations

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Florida Department of State

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
JI-SERVICES CORP**

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**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: JI-SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10750 NW 66TH STREET APT 411DORAL , FL 33178**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: AMPARO SILVA (P)

Name and Title: \_\_\_\_\_

Address

10750 NW 66TH STREET APT 411

Address: \_\_\_\_\_

DORAL , FL 33178

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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JANIS S. C. HALL

JANIS S. C. HALL

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: AMPARO SILVAAddress: 10750 NW 66TH STREE APT 411DORAL, FL 33178**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: AMPARO SILVAAddress: 10750 NW 66TH STREET APT 411DORAL, FL 33178**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/ Amparo Silva

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/ Amparo Silva

Required Signature/Incorporator

Date \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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