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To:

Division of Corporations

Fax Number : (850)617-6381

From:

2012

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION JR FULL SERVICES INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

JR FULL SERVICES INC	
ARTICLE II	PRINCIPAL OFFICE:
The principal stree	t address and mailing address is:
1081 E 28 ST HIALEAH FL 33013	
ARTICLE III SHARES: The m	umber of shares of stock is: 100
	L DIRECTORS AND/OR OFFICERS:
JAYS <u>EL OLIVA PEREZ</u>	PRESIDENT
ROLANDO GALLOSO CRUZ	
	
	STERED AGENT AND STREET ADDRESS:
	s (PO Box not acceptable) of the registered agent is
JAYSE <u>L OLIVA PEREZ</u>	
1081 E 28 ST HIALEAH FL 33013	
	COR: The name and address of the Incorporator is:
JAYSEL OLIVA PEREZ	
·	
1001 E 40 31 HIMEEM 11 E 33013:	

Required Signatures:

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

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.

Incorporator

03/27/2023

Date

2023 MAR 27 PH 5: 57