Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SERVIGER CORPORATION

Account Number : I20160000091 : (786)786-3487 er : (305)635-9868 Fax Number

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## FLORIDA PROFIT/NON PROFIT CORPORATION JOSE L REYES CORPORATION

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Electronic Filing Menu Corporate Filing Menu

Help

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

| ARTICLE I NAME The name of the corporat     | ion shall be: JOSE                              | 1 BEVES           | CORPO          | ORATION                 |                |
|---|---|-------------------|----------------|-------------------------|----------------|
| ARTICLE II PRINC                            |   |                   |                |                         |                |
|   |   |                   | wiating addres | s, if different is:     |                |
|   | th five   |                   |                |                         | _              |
| Miom: FL                                    | 33142   |                   |                |                         | _              |
| ARTICLE III PURPO The purpose for which the | SE ne corporation is organized is:              | rand all          | lawful         | burness                 | _              |
|   |   |                   |                |                         | <u>-</u>       |
|   |   |                   |                |                         | -              |
|   |   |                   |                |                         | _              |
|   |   | _                 |                |                         |                |
| Name and Title:                             | P. Tose Leggel Reyer Torres<br>5110 NW 29th Auc | Name and Title:   |                | 2021 (3.1)              | _ •            |
|   | Pliam; FL 33142                                 |                   |                | , o                     | - , `<br>- , . |
| -   |   |                   |                | 5 5 5<br>7 5 5<br>7 5 5 | (              |
| Name and Title:_                            |   | Name and Title:   |                | 12.00                   | -              |
| Address _                                   |   | Address:          | <del></del>    |                         |                |
| -   |   |                   |                |                         |                |
| Name and Title:_                            |   | _ Name and Title: |                |                         |                |
| Address _                                   |   |                   |                |                         |                |
| -   |   |                   |                |                         |                |

| Name and                                     | d Title:  | Name and Title:   |   |
|--|---|---|---|
| Address                                      |   | Address:  |   |
|  |   |   |   |
| ARTICLE VI   The name and Flo                | REGISTERED AGENT<br>orida street address (P.O. Box NOT acceptable)                                      | of the registered agent is:   |   |
| Name:  | Jose Leonel Reyes Torre   |   |   |
| Address:                                     | 5110 NW 29th Ave  | _   |   |
|  | Miam: FL 33142  | _   | 2621  |
| ARTICLE VII                                  | NCORPORATOR   |   | 1   |
| The name and ad                              | dress of the Incorporator is:   |   | C PP  |
| Name:  | Jose Leonel Reyer Torr  | <u>es</u>   | 7 PH 4: 00                                    |
| Address:                                     | SHO NW 29th Ave   | _   | 当為  |
|  | lian, FL 3314Z  | <del></del>   | \$2   |
| Effective date, if of (If an effective date) | EFFECTIVE DATE: other than the date of filing: title is listed, the date must be specific and cann      | ot be more than five days prio  |   |
| Note: If the date in the document's eff      | nserted in this block does not meet the applicable feetive date on the Department of State's records    | e statutory filing requirements, t                                    | his date will not be listed as                |
| Having been name<br>certificate, I am fa     | ed as registered agent to accept service of process, miliar with and accept the appointment as registe  | for the above stated corporation<br>red agent and agree to act in thi | as the place designated in this<br>s capacity |
|  | Tou Russ  |   | 01/15/2024                                    |
|  | Required Signature/Registered Agent   |   | Date  |
| I submit this docu<br>document to the D      | ment and affirm that the facts stated herein are<br>epartment of State constitutes a third degree felor | true. I am aware that the false<br>sy as provided for in s.817.155, I | e information submitted in a<br>S.S.          |
| Donum C                                      | Tox Reyor   |   | 01/15/2024                                    |
| Required Signature                           | 2/Incorporator  | Date  |   |