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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone 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."*

C41	Address:			

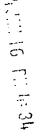
FLORIDA PROFIT/NON PROFIT CORPORATION JAL SERVICE XXL CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help

T-J.H



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address	· io
2020 NC 163 ST SUVITE 300	
MIANI F1. 33/62	
STICLE III SHARES: The number of shares of stock is:	100
ARTICLE IV INITIAL DIRECTORS AND/OR	DEFICERS:
JOSE Alberto Leon SANCHEZ	(P)
ARTICLE V INITIAL REGISTERED AGENT AND ST	REET AJO DRE
	
	he registered ag
ne name and Florida street address (PO Box not acceptable) of t	he registered ag
ne name and Florida street address (PO Box not acceptable) of t	ne registered ag
ne name and Florida street address (PO Box not acceptable) of the Source	ne registered ag
2020 NC 163 ST SUITE 300	ne registered ag

EIN: 99-0730046

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



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.

