Electronic Filing Cover Sheet

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To:		
	Division of Corporations	
	Fax Number : (850)617-6381	
From:		
	Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146	
	Phone : (305)444-4994	
	Fax Number : (305)328-4774	
ar	r the email address for this business entity to be used for nnual report mailings. Enter only one email address please mail Address:	
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Electronic Filing Menu

Corporate Filing Menu

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

RTICLE I NAM he name of the corp	oration shall be: JC POOL & SPA IN	IC
9141 NW 35th A	NCIPAL OFFICE Principal street address AVE S, FL 33056	Mailing address, if different is: 19141 NW 35th AVE MIAMI GARDENS, FL 33056
RTICLE III PUR e purpose for whic	RPOSE th the corporation is organized is: ANY A	ND ALL LAWFUL BUSINESS
TICLE IV SHA	IRES of stock is: SHARES: 100 @ \$1.00	
TICLE V INIT	TIAL OFFICERS AND/OR DIRECTORS	- P Name and Title:
Address	19141 NW 35th AVE MIAMI GARDENS, FL 33056	Address:
	NDRA DE LA CARIDAD FERNANDEZ	Name and Title:
	HIALEAH, FL 33012	
		Name and Title:
Address		Address:

Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	JULIO CESAR AVILA GONZALEZ		
Address:	19141 NW 35th AVE	_	
	MIAMI GARDENS, FL 33056	-	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	JULIO CESAR AVILA GONZALEZ		
Address:	19141 NW 35th AVE	•	
	MIAMI GARDENS, FL 33056	•	
Effective date, i	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and canno	(OPTIONAL) t be more than five days prior or	90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this di	ate will not be listed as
certificate, I am	med as registered agent to accept service of process for familiar with and accept the appointment as register	or the above stated corporation at the ed agent and agree to act in this cap	place designated in thi uvity
- 141	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Repartment of State constitutes a third degree felony		ormation submitted in c
Required Signat	ure/Incorporator	Date	~
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