

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Not: Please print this page and attach it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000270498 3)))



H240002704983ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
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  
JAIMEJAIRO CORP

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

RECEIVED

2024 AUG 12 PM 5:06

DIVISION OF CORPORATIONS  
COMMERCIAL SERVICESSTATE OF FLORIDA  
DIVISION OF CORPORATIONS

2024 AUG 12 AM 12:22

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MS

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

EIN: 99-4409328

**ARTICLE I NAME:** The name of the corporation is:Jaime Jairo Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8431 SW 32 Tr . 33155  
Miami Florida**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Hanoi Velazquez Suarez (P)  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

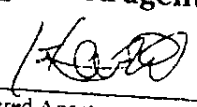
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Hanoi Velazquez Suarez  
8431 SW 32 Tr Miami Florida  
**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Hanoi Velazquez Suarez  
8431 SW 32 Tr Miami Florida  
2024 AUG 12 AM 12:22  
STATE OF FLORIDA  
SECRETARY OF STATE

FILED

**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\_\_\_\_\_  
Date

2024 AUG 12 AM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED