

To

11/26/24, 4:53 PM

Page 2 of 4

2024-11-26 21:55:10 GMT

13053281774

From: Yanet Avila

P24000072225

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000392987 3)))



H240003929873ABCB

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****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
JC CAPITAL SERVICE GROUP CORP**

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

RECEIVED
2024 NOV 26 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FL

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JC CAPITAL SERVICE GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address10952 SW 135TH CT CIR
MIAMI, FL 33186

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE FRANCISCO CAPOTE - P Name and Title: _____Address 10952 SW 135TH CT CIR Address: _____
MIAMI, FL 33186

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2024 NOV 26 AM 10:35
JANET AVILA
ALLAHASSEE, FL 33186

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE FRANCISCO CAPOTE
Address: 10952 SW 135TH CT CIR
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOSE FRANCISCO CAPOTE
Address: 10952 SW 135TH CT CIR
MIAMI, FL 33186


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



JOSE FRANCISCO CAPOTE (Print Name)

Required Signature/Registered Agent

11/26/2024

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.


JOSE FRANCISCO CAPOTE (Print Name)

Required Signature/Incorporator

11/26/2024

Date