Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

From:
Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2024 DEC 16 PM 12:41
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
JGC USA COMPANY INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

FILED
24 DEC 16 AM 3:28
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 corporation shall be: JGC USA COMPANY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6436 NW 5TH WAY
FORT LAUDERDALE, FL 33309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JENNYMAR D ANRIETH GIL CACERES-P

Address 6436 NW 5TH WAY
FORT LAUDERDALE, FL 33309

Name and Title:

Address:

Name and Title:

Address

Address:

Name and Title:

Address

Address:

Name and Title:

Address

Address:

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REGULATIONS

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: JENNYMAR D ANRIETH GIL CACERES

Address: 6436 NW 5TH WAY

FORT LAUDERDALE, FL 33309

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JENNYMAR D ANRIETH GIL CACERES

Address: 6436 NW 5TH WAY

FORT LAUDERDALE, FL 33309

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

X _____ 12/05/2024

Required Signature/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.

X _____ 12/05/2024

Required Signature/Incorporator Date