

P21000018135

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.

((H21000080382 3))



H210000803823ABCY

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 : I20000000019
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
JMS MULTISERVICE USA CORP**

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

RECEIVED
CORPORATIONS
COMMERCIAL
SERVICES

2021 FEB 26 PM 3:56

2021 FEB 26 AM 9:22

J. FASON
MAR 01 2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

JMS Multiservice USA Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3435 SW 23 Terr

MIAMI FL 33145

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Jose A. MARIN (P)

2021 FEB 26 AM 9:22

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

JOSE A. MARIN

3435 SW 23 TERR

MIAMI FL 33145

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

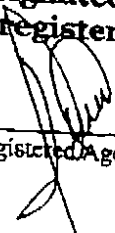
JOSE A. MARIN

3435 SW 23 TERR.

MIAMI FL 33145

Required Signatures:

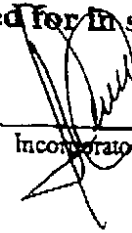
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

2/25/2021
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

2/25/2021
Date