



Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
JAJO GROUP INC

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

2021 APR 30 PM 4: 58

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: JAJO GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
12085 SW 250 TER
HOMESTEAD, FL 33032

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JANETTE VELAZQUEZ HERNANDEZ - P Name and Title: _____
Address 12085 SW 250 TER Address: _____
HOMESTEAD, FL 33032

Name and Title: JOSE ANGEL ALEMAN MORENO - V Name and Title: _____
Address 12085 SW 250 TER Address: _____
HOMESTEAD, FL 33032

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

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: JANETTE VELAZQUEZ HERNANDEZ
 Address: 12085 SW 250 TER
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JANETTE VELAZQUEZ HERNANDEZ
 Address: 12085 SW 250 FER
HOMESTEAD, FL 33332

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

Ny _____
 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.

Ny _____
 Required Signature/Incorporator Date