

1/3/25, 1:32 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

H25000003385

Handwritten initials and date: 1.6.25

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(((H25000003385 3)))



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

From:
 Account Name : LICENSES & PERMITS LLC
 Account Number : I20210000155
 Phone : (305)226-8727
 Fax Number : (786)947-0844

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
 JJ HIDALGO SOLUTION CORP

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

RECEIVED

2025 JAN -3 PM 4:06

FLORIDA DEPARTMENT OF STATE

25 JAN -3 AM 3:59

FILED SECRETARY OF STATE

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: JJ HIDALGO SOLUTION CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: LUCIA ESTRELLA
Name (Printed or typed)

8300 W FLAGLER ST, SUITE 114
Address

MIAMI, FL 33144
City, State & Zip

305-226-8727
Daytime Telephone number

licenses114@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: JJ HIDALGO SOLUTION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

816 E MOWRY DR. APT #105

Homestead, FL 33030

Mailing address, if different is:

816 E MOWRY DR. APT #105

Homestead, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OMAR CORDERO HIDALGO, PRES Name and Title: YANET SANCHEZ GONZALEZ, VP

Address: 816 E MOWRY DR. APT #105 Address: 816 E MOWRY DR. APT #105

HOMESTEAD, FL 33030

HOMESTEAD, FL 33030

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
OF FLORIDA
25 JAN 13 AM 3:59

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: OMAR CORDERO HIDALGO
 Address: 816 E MOWRY DR. APT #105
HOMESTEAD, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OMAR CORDERO HIDALGO
 Address: 816 E MOWRY DR. APT #105
HOMESTEAD, FL 33030

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 CORPORATION
 25 JAN -3 AM 3:59

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/03/2025 (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.

Omar Hidalgo Cordero
 Required Signature/Registered Agent

[Signature]
 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.

Omar Hidalgo Cordero
 Required Signature/Incorporator

Date [Signature]