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FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account 120 Authorization Signature JCB Tech Solutions Inc. Business	July
Walk in	Will wait S
_X Certified Copies of the articles _X Certificate of Status	#Document Will wait 9: 47
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit Not for Profit LLC Domestication X INC CORP OTHER	Amendment Resignation of R.A. Change of Registered Agent Revocation of Dissolution Conversion Statement of Authority Merger Amended and Restated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
TRANSMITTAL LETTER	Foreign Filing Partnership
Fictitious Name	Reinstatement
Statement of Authority APOSTIL	Statement of CORRECTIONDomestication of a Foreign Corp.
COUNTRY	Other
EXAMINER'S INITIALS:	

COVER LETTER

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

SUBJECT: _JCB TE	CH SOLUTIONS INC (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	inal and one (1) copy of the art		:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	Status
		ADDITIONAL CO	DPY REQUIRED
FROM: "Jow	vaine Baccas Name	e (Printed or typed)	· · · · · ·
_500.	SW 101 street terr	Address	
<u>_Pe</u>	mbroke Pines, FL, 33025 City,	. State & Zip	<u></u>
_786	-831-0713 Daytime T	Celephone number	
_jow:	aine baccas@myyahoo.com E-mail address: (to be use	d for future annual report r	notification)

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

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

The name of the corporat	tion shall be: <u>JCB TECH SOLUTIONS</u>	SINC			<u></u>	
ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing addi	ress, if diffe	erent is:	
500 SW 101 street terr Per	nbroke Pines, FL 33025					
			-			
ARTICLE III PURPO	OSF					
The purpose for which t	he corporation is organized is: _To.s	provide technical services for	_tiber_optics		292	
		<u> </u>				
					~:: }	<i>!!</i>
-				- 77	~-,	<u> </u>
-				····	.: <u>;</u>	(22)
					_; <u>.</u>	==/
	L OFFICERS AND/OR DIRECTO Lowaine Baccas - Director		:			
Address	500 SW 101 street terr	Address:				
	Pembroke Pines FL, 33025	<u>.</u>				
Name and Title:		Name and Title	:			
Address	<u> </u>	Address:				
Nama and Title						
wante and time.		Name and Title				
	·					
Address			:			
Address		Address:				

Name ar	nd Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Jowaine Baccas		
Address:	_500_SW_101_street terr		2025
	Pembroke Pines, FL, 33025		7025 (T.15.51)
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Jowaine Baccas	<u> </u>	1
Address:	500 SW 101 street terr	<u> </u>	
	Pembroke Pines, FL, 33025		
Effective date, if	EFFECTIVE DATE: Other than the date of filing:01/24/2025 date is listed, the date must be specific and ca		
	e inserted in this block does not meet the application of the frective date on the Department of State's recor		ts, this date will not be listed as
	ned as registered agent to accept service of proce. familiar with and accept the appointment as regi		
	71 3		
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein of Department of State constitutes a third degree fe		
	JEGGCC STREET		
Required Signatu	ire/Incorporator	D	Date