

PH000077129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

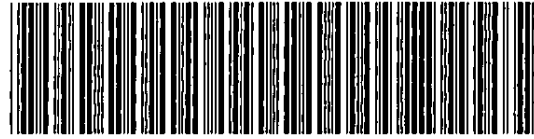
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263950692

09/17/14--01007--014 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 SEP 17 AM 11:59
FOR RECORD
TO AGENCY OF
SUFFICIENCY OF FILINGS

FILED
14 SEP 17 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JOEL & ADELE, INC.

- Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

14 SEP 17 AM 8:53
STATE OF FLORIDA
TALLAHASSEE FL 32301

Signature _____

Requested by: SETH 09/17/14

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: JOEL & ADELE, INC.

(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MORRIS ENGELBERG, ESQUIRE

Name (Printed or typed)

4040 Sheridan Street

Address

Hollywood, FL 33021

City, State & Zip

954-966-3900

Daytime Telephone number

morris_engelberg@bellsouth.net

E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: JOEL & ADELE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19010 Northeast 20th Avenue
North Miami Beach, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES

100

The number of shares of stock is: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 SEP 17 AM 8:53

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel Sandberg, D/P/S
Address: 19010 Northeast 20th Avenue
North Miami Beach, FL 33179

Name and Title: _____
Address: _____

Name and Title: Adele Sandberg, D/VP/T/AS
Address: 19010 Northeast 20th Avenue
North Miami Beach, FL 33179

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

(conti.)

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: MORRIS ENGELBERG, ESQ.
 Address: 4040 Sheridan Street
Hollywood, FL 33021

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Joel Sandberg
 Address: 19010 Northeast 20th Avenue
North Miami Beach, FL 33179

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

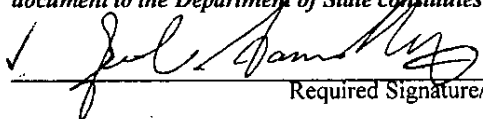


 Required Signature/Registered Agent

09/16/2014

 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.



 Required Signature/Incorporator

09/16/2014

 Date

14 SEP 17 AM 8:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA