

P16000072221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

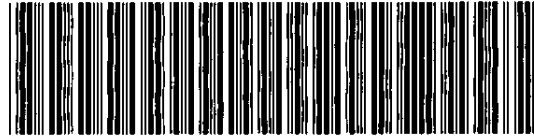
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 SEP -7 PM 12:11

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AM 10:55

FOR RECORD
TO ACHIEVE
SUFFICIENCY OF FILING

16/9/14

Date: 09/07/2016

Account #: I20000000088

Name: Michelle Walker

Reference #: T005398

ENTITY NAME: SJYS OF PALM BEACH, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

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Authorized Amount: \$70

Signature: Michelle Walker

COVER LETTER

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

SUBJECT: SJYS of Palm Beach, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: David H. Anderson, Sr.

Name (Printed or typed)

752 Harbour Isle Way

Address

Palin Beach Gardens, FL 33410

City, State & Zip

561-629-2146

Daytime Telephone number

mrepropertyholdings@comcast.net

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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EFFECTIVE DATE 09/06/16

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: SJYS of Palm Beach, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

752 Harbour Isle Way

Palm Beach Gardens, FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The transaction of any or all lawful businesses for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 40 Shares Voting Common, .001 pv

1960 Non Voting Common, .001 pv

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David H. Anderson, Sr., Director

Address: 752 Harbour Isle Way
Palm Beach Gardens, FL 33410

Name and Title: David H. Anderson, Sr., President

Address: 752 Harbour Isle Way
Palm Beach Gardens, FL 33410

Name and Title: David H. Anderson, Sr., Treasurer

Address: 752 Harbour Isle Way
Palm Beach Gardens, FL 33410

Name and Title: David H. Anderson, Jr., Director

Address: 752 Harbour Isle Way
Palm Beach Gardens, FL 33410

Name and Title: David H. Anderson, Jr., Vice President

Address: 752 Harbour Isle Way
Palm Beach Gardens, FL 33410

Name and Title: David H. Anderson, Jr., Secretary

Address: 752 Harbour Isle Way
Palm Beach Gardens, FL 33410

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: David H. Anderson, Sr.
Address: 752 Harbour Isle Way
Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sarah E. Filler
Address: 10 S. Wacker Drive, 40th Floor
Chicago, IL 60606

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 6, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

David H. Anderson, Sr.

/s/ David H. Anderson, Sr.

Required Signature/Registered Agent

9.2.2016

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.

/s/ Sarah E. Filler

Required Signature/Incorporator

9.2.2016

Date

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