P21000043974

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000192537 3)))

H21000192537 3ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

JF62 Corp.

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

FILED
21 MAY 13 AM 7:07

2021 MAY 13 PM 1:47

Electronic Filing Menu Corporate Filing Menu Help

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: JF62 Corp.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
10845 SW 62nd Avenue	
Pinecrest, FL 33156	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Investment and advisory business and all lawful activity that may be engaged in by a corporation under the Florida Business Corporation Act

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Jared Feldman, President and CEO	Name and Title:	Jared Feldman, Secretary
Address	10845 SW 62nd Avenue Pinecrest, FL 33156	Address:	10845 SW 62nd Avenue Pinecrest, FL 33156
Name and Title:	Jared Feldman, Treasurer	Name and Title.	Jared Feldman, Director
Address	10845 SW 62nd Avenue Pinecrest, FL 33156	Address:	10845 SW 62nd Avenue Pinecrest, FL 33156
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: Jared Feldman

Address: 10845 SW 62nd Avenue

Pinecrest, FL 33156

ARTICLE VII INCORPORATOR

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

Name: Jared Feldman

Address: 10845 SW 62nd Avenue

Pinecrest, FL 33156

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

FD49635B4FA340A... 05/13/2021

Jared Feldman 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.

FD49635B4FA340A... 05/13/2021

Required Signature/Incorporator Date

Jared Feldman