

PA 1 000 103759

(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



900377847349

12/13/21--01034--004 \*\*87.50

2021 DEC 13 AM 10:03

FILED

A handwritten signature in black ink, appearing to be a stylized 'C' or similar character.

C

**COVER LETTER**

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

**SUBJECT:** JPM/SDA Corporation  
(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:** John Peter McCabe  
Name (Printed or typed)

135 Largs Court #305  
Address

Dunedin, Florida 34698  
City, State & Zip

727-612-6239  
Daytime Telephone number

jmccabe@shrinenet.org  
E-mail address: (to be used for future annual report notification)

2007 DEC 13 AM 10:03  
13 ED

**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: JPM/SDA Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

135 Largs Court #305  
Dunedin, Florida 34698

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: conduct all lawful activities authorized by law,  
including but not limited to aviation consulting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John Peter McCabe, President

Name and Title: \_\_\_\_\_

Address 135 Largs Court #305

Address: \_\_\_\_\_

Dunedin, Florida 34698

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

RECEIVED  
13 APR 03  
1:50 PM  
ED

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: John Peter McCabe  
Address: 135 Largs Court #305  
Dunedin, Florida 34698

**ARTICLE VII INCORPORATOR**

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

Name: John Peter McCabe  
Address: 135 Largs Court #305  
Dunedin, Florida 34698

2021 DEC 13 AM 12:03

FILED

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/9/21 (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*

\_\_\_\_\_  
Required Signature/Registered Agent 12/9/21  
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 12/9/21  
Date