

F2100000519E

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

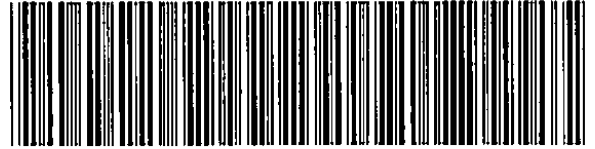
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP - 8 PM 12:40
OFFICE OF STATE
CLERK

SEP 09 2021
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.A.M.E., Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Allen Khodabash

Name of Person

J.A.M.E., Inc.

Firm/Company

21218 St Andrews Blvd. Suite 608

Address

Boca Raton, FL 33433

City/State and Zip code

allen@nhpcorp.com

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

For further information concerning this matter, please call:

Allen Khodabash

at (718) 730-0234

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

PAID

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

BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. J.A.M.E., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- J.A.M.E. FL Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 11-3473664
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/05/1999 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 86-27 Whitney Ave. Elmhurst, NY, 11373
(Principal office street address)
- J.A.M.E. Inc 21218 St. Andrews Blvd.# 608 Boca Raton, FL 33433
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

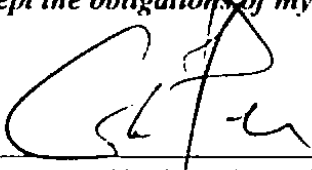
Name: Cliff Penbe

Office Address: 3492 Pine Haven Circle

Boca Raton, Florida 33431
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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STATE OF FLORIDA
DEPARTMENT OF STATE
CLERK OF THE OFFICE

☐ Chairman Name: Elizabeth Khodabash
☐ Vice Chairman Address: 8524 Bell Blvd
☐ Director Hollis Hills NY, 11427
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Allen Khodabash
☐ Vice Chairman Address: 8524 Bell Blvd
☐ Director Hollis Hills NY, 11427
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form

12. Elizabeth Khodabash
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that she is aware that 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.

13. Elizabeth Khodabash
(Typed or printed name and capacity of person signing application)

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STATE OF FLORIDA
DEPARTMENT OF STATE

CERTIFICATE OF STATUS

STATE OF NEW YORK
DIVISION OF CORPORATIONS

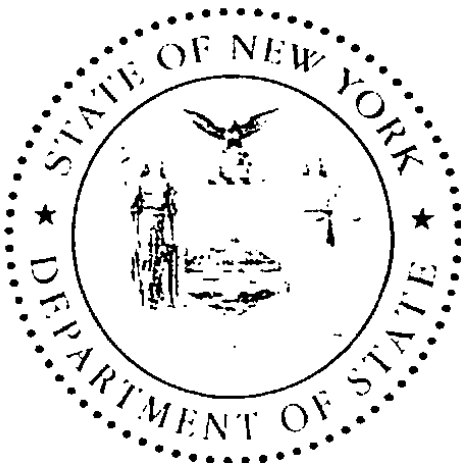
Entity Name: J
DOS ID Number: 210029
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/05/1999

Statement Status: CURRENTLY
Statement Due Date: 01/05/2000

NOTICE: This document is a true and correct copy of the record as it appears in the files of the Division of Corporations.

STATE OF NEW YORK
DIVISION OF CORPORATIONS

SECRETARY OF STATE



Brandon C. Heylson



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2021

ALLEN KHODABASH
J.A.M.E., INC.
21218 ST ANDREWS BLVD., SUITE 608
BOCA RATON, FL 33433

SUBJECT: J.A.M.E., INC.
Ref. Number: W21000117423

We have received your document for J.A.M.E., INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 621A00020579

*Rec'd
8-21*