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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

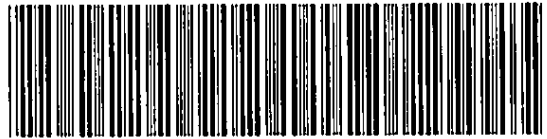
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COVER LETTER

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

SUBJECT: J Jams Music, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Michael C. Scott

Name (Printed or typed)

8246 Velvet Springs Ln.

Address

Jacksonville, FL 32244

City, State & Zip

904-495-4095

Daytime Telephone number

jjamsentertainment@gmail.com

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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: J Jams Music, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8246 Velvet Springs Ln, Jacksonville, FL 32244

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious, educational, and scientific,
purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code,
or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Nomination

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael C. Scott-President/Executive Director

Name and Title: _____

Address 8246 Velvet Springs Lane
Jacksonville, FL 32244

Address: _____

Name and Title: Michael Christopher Scott- Vice-President

Name and Title: _____

Address 8246 Velvet Springs Lane
Jacksonville, FL 32244

Address: _____

Name and Title: Shirley A. Scott-Secretary

Name and Title: _____

Address 8246 Velvet Springs Lane
Jacksonville, FL 32244

Address: _____

2019 NOV 21 AM 11:20
J Jams Music, Inc.
J Jams Music, Inc.
J Jams Music, Inc.
J Jams Music, Inc.
J Jams Music, Inc.

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: Michael C. Scott

Address: 8246 Velvet Springs Lane

Jacksonville, FL 32244

ARTICLE VII INCORPORATOR

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

Name: Michael C. Scott

Address: 8246 Velvet Springs Lane

Jacksonville, FL 32244

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

Michael Scott
Required Signature of Registered Agent

11/18/2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Michael Scott

11/18/2019