

N20000009275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

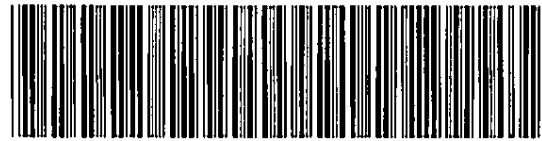
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/22/20--01021--002 #478.75

2020 JUL 14 PM 3:58  
STATE  
MISSISSIPPI

14th

COVER LETTER

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

SUBJECT: ~~SWEET BOX, Inc~~ JACOPRI, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) *Jacqueline Brown Battle*

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: JACQUELINE BROWN-BATTLE  
Name (Printed or typed)

6024 SW 26 Street Apt #207  
Address

Miramar, Florida 33023  
City, State & Zip

954-639-6672  
Daytime Telephone number

? lexwtib@gmail.com  
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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FLORIDA STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**In compliance with Chapter 617, F.S., (Not for Profit)**

The name of the corporation shall be: ~~SWELL BOX, INC.~~ JACOPRI, INC

Mailing address, if different is:

6024 SW 26 Street  
Apt #207 Miramar,  
Florida 33023

The purpose for which the corporation is organized is: To engage in any lawful activity for which corporations may be incorporated in this state. Also, to provide donations to various businesses. This business provide items to organizations who need donations. For example household toiletries etc.

The corporation will not have members N/A

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

[illegible]

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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:

Patrick Arty

Address:

6024 SW 26 Street Apt 207  
Miramar, FL 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Jacqueline Brown-Battle

Address:

6024 SW 26 Street Apt 207  
Miramar, FL 33023

**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

Patrick Arty

Required Signature of Registered Agent

7/10/2020

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.

Jacqueline Brown-Battle

Required Signature of Incorporator

7/10/2020

Date

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STATE  
SECRET, FL

2020 JUL 14