

N 200000010838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

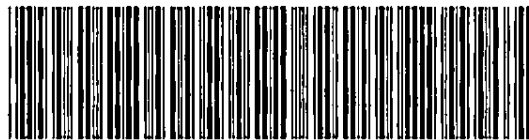
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/04/20--00013 -008 #871.56

2020 SEP -4, PM 3:54
STATE
FL

COVER LETTER

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

SUBJECT: JeepFlo, 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: Idelfonso Rivera Muniz
Name (Printed or typed)

13159 Linden Dr
Address

Spring Hill FL 34609
City, State & Zip

813 410 6610
Daytime Telephone number

efitservices@gmail.com
E-mail address: (to be used for future annual report notification)

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STATE
SECRET FL

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: JeepFlo, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
13159 Linden Dr

Mailing address, if different is:

Spring Hill, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

We use the common interest in Jeeps to bring fellowship and to do good works for our community. These good works take the form
participation in community events such as parades, events, and other organized functions where we can share our love of customized
Jeeps with the community at large. We also organize and conduct local activities such as supporting our Police, Fire, EMS and
Hospitals. We do other good works such as Jeep parades for Graduates and Birthdays for kids who cannot celebrate due to COVID.
Finally we work together to help raise funds for those in the community hit by unexpected financial trouble and offer Christian
Fellowship to those in need.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By membership vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Idelfonso Rivera Muniz, Name and Title: _____

Address: Executive Director Address: _____

13159 Linden Dr

Spring Hill, FL 34609

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2020 SEP -4 PM 3:54

SEP -4 2020

STATE
FL

| | |
|-----------------------|-----------------------|
| 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: Idelfonso Rivera Muniz

Address: 13159 Linden Dr

Spring Hill, FL 34609

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 STATE
 OFFICE, FL

ARTICLE VII INCORPORATOR

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

Name: Idelfonso Rivera Muniz

Address: 13159 Linden Dr

Spring Hill, FL 34609

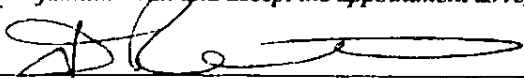
ARTICLE VIII EFFECTIVE DATE:

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

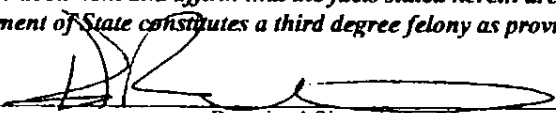


Required Signature of Registered Agent

9-1-20

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.



Required Signature of Incorporator

9-1-20

Date