

N20000011709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

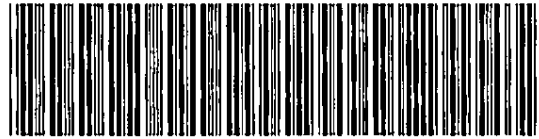
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N20000068472



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06/19/20--01016--008 **78.75

FILED
2020 OCT 14 PM 3:22
TALLAHASSEE, FLORIDA

Jennifer Kim Brown

201 NW N Macedo Blvd

Port St Lucie, Florida, 34983

Division of Corporations

PO Box 6327 Tallahassee Florida

RE: J.K.B. Studio For The Arts LLC., Document number L19000170832,dissolved entity name that I would like to release for use.

I, Jennifer Brown, am the sole owner of the business entity, J.K.B. Studio For The Arts LLC, which, I have no intentions of reinstating, would like to release the name for my newly filed Non Profit business entity, JKB Studio For The Arts INC., W20000068472 to myself.

Please consider, pushing through ,the new non for profit filing of J.K.B. Studio For The Arts INC. document numberW20000068472

Thank you,

Jennifer Kim Brown, Artist and Designer

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: J.K.B Studio For the Arts 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: Jennifer Kim Brown
Name (Printed or typed)
201 NW North Macedo Blvd.
Address
Port St Lucie, FL 34983
City, State & Zip
772 634-2094
Daytime Telephone number
JKBstudio@outlook.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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TALLAHASSEE, FL 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: JKB Studio For The Arts INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

4131 South Us 1 same
Bld 1 unit 4
Fort Pierce FL. 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Art therapy, used as a therapeutic
tool to manage pain. Art therapy is used
to reduce perception of pain into a more
euphoric experience ~~through~~ through the
expression of Art. Short for Art therapy, A.T.
helps reclaim self empowerment by forming ~~new~~ or
Reforming memories of reward, independence, and pleasure.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As Provided by in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Kim Brown Name and Title: _____

Address: President Address: _____

201 NW N Macado Blvd
P.S.L. FL 34982

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ALACHUA COUNTY
FLORIDA

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: Jennifer Kim Brown
 Address: 201 NW N Macedo Blvd.
P.S.L FL 34982

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 TALLAHASSEE, FLORIDA
 CLERK OF SUPERIOR COURT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Kim Brown
 Address: 201 NW N Macedo Blvd
P.S.L FL. 34982

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: ~~6/15/2020~~ (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

Jennifer Brown
 Required Signature of Registered Agent

6/15/2020
 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.

Jennifer B
 Required Signature of Incorporator

6/15/2020
 Date