

TRANSMITTAL LETTER

PO10000017008

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

600003678676--6
-02/14/01--01044--024
*****78.75 *****78.75

SUBJECT: JUL-EAZ 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Julie A. Brunet

Name (Printed or typed)

P.O. Box 430905

Address

Big Pine Key, FL 33043

City, State & Zip

305-872-5688

Daytime Telephone number

FILED
01 FEB 14 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

LB
2/15

(2)

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JUL-EAZ INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 430905
Big Pine Key, FL 33043

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Julie A. Brunet
29753 Henry Lane
Big Pine Key, FL 33043

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Julie A. Brunet
29753 Henry Lane
Big Pine Key, FL 33043

Julie A Brunet
Signature/Incorporator

2/12/01
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Julie A Brunet
Signature/Registered Agent

2/12/01
Date

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01 FEB 14 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA