# POACCO 19700

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

•				
SUBJECT:	JASON COURT,	INC.	,	
<u></u>	(Proposed corpo	orate name - must include s	ouffix)	
				•
		•	30000494 -02/18/02 ******78.75	6373 -010200 ******7
Enclosed is an origi	inal and one(1) copy of the article	s of incorporation and a	check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	Southwest Profession Name (Pr	al Services Of inted or typed)	South Florida,	Inc.
• *	13571 McGregor Blvd.	#22 ddress		•
	Fort Myers, Fl. 3391	•	SEUKE	2002 FFR
	941-481-4444		SSEC SANCE	

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

Ja/02

## 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.

FILED

2002 FEB 18 AM 10: 49

-SECRETARY OF STATE TALLAHASSEE FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be:

JASON COURT, INC.

## PRINCIPAL OFFICE

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

6550 ARBOR COURT FORT MYERS FL 33905

#### ARTICLE III SHARES

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

1000

# INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC. 13571 MCGREGOR BLVD. #22

FORT MYERS FL 33919.

## INCORPORATOR

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

JASON COURT 6550 ARBOR COURT FORT MYERS FL 33905

Śignature/Incorporator

(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

ssional Services of South Florida.

Signature/Registered Agent Mitchell Stovring PRIS

Date