

TRANSMITTAL LETTER

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FILED

02 JUL 29 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

900006720239--1
-07/29/02--01034--011
*****78.75 *****78.75

J & K PORT-O-LETS, INC.

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: SOUTHWEST PROFESSIONAL SERVICES OF SO. FL., INC.
Name (Printed or typed)

13571 MCGREGOR BLVD. #22
Address

FORT MYERS FL 33919
City, State & Zip

941-481-4444
Daytime Telephone number

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

DB 7/30 ✓

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

J & K PORT-O-LETS, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4225 Ulman Ave
North Port FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rental of port-o-lets

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Stanley Watkins
4225 Ulman Ave
North Port FL 34286

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

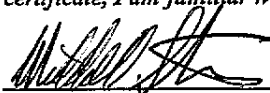
SOUTHWEST PROFESSIONAL SERVICES OF SO. FL., INC.
13571 MCGREGOR BLVD. #22
FORT MYERS FL 33919

ARTICLE VII INCORPORATOR

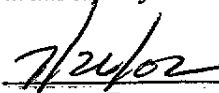
The name and address of the Incorporator is:

Stanley Watkins
4225 Ulman Ave
North Port FL 34286

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



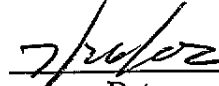
Signature/Registered Agent



Date



Signature/Incorporator



Date

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