

P02000098406

TRANSMITTAL LETTER

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

100007600571--8
-09/09/02--01063--008
*****78.75 *****78.75

SUBJECT:

JOANNE B. POOR, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

BERNARD SALERNO

Name (Printed or typed)

179 WASHINGTON AVE

Address

LAKE MARY, FL 32746

City, State & Zip

(407) 688-0006

Daytime Telephone number

FILED
2002 SEP -9 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

9/12/02

FILED

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.

2002 SEP -9 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Joanne B. Poor, Inc.

ARTICLE II PRINCIPAL OFFICE

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

179 Washington Av.
Lake Mary, Fl. 32746

ARTICLE III SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

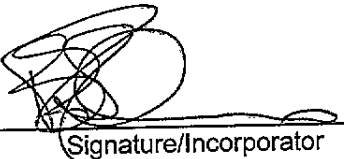
The name and Florida street address of the initial registered agent are:

Bernard Salerno
179 Washington Av.
Lake Mary, Fl. 32746

ARTICLE V INCORPORATOR

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

Lee Mosher
179 Washington Av.
Lake Mary, Fl. 32746



Signature/Incorporator

2 SEPT 02

Date

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.



Signature/Registered Agent

2 SEPT 02

Date