

PO3000024682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

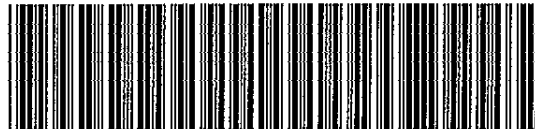
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-3-03
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TRANSMITTAL LETTER

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

SUBJECT: Jabez Investment Properties Inc.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lisa-Jane Aponte
Name (Printed or typed)

5593 N.W. Wesley Road
Address

Port St. Lucie, FL 34986
City, State & Zip

772-873-2220
Daytime Telephone number

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

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:

Jabez Investment Properties Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5593 N.W. Wesley Road, Port St. Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business for which corporations may be incorporated in this state.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Lisa-Jane Aponte, 5593 N.W. Wesley Road, Port St. Lucie, FL 34986

ARTICLE VI REGISTERED AGENT

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

Lisa-Jane Aponte, 5593 N.W. Wesley Road, Port St. Lucie, FL 34986

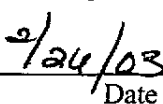
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laura Sivalia, 4700 Sunrise Blvd., Fort Pierce, FL 34982

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA