

P03000052155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

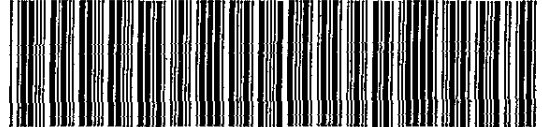
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400017556814

05/05/03--01078--018 **78.75

FILED
03 MAY -5 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: JACQUELYN - LLOMBART 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: JACQUELYN LLOMBART
Name (Printed or typed)

445 ROMINE COURT
Address

SPRING HILL, FL 34609
City, State & Zip

352-686-8861
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: JACQUELYN LLOMBART INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 445 ROMINE COURT, SPRING HILL, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

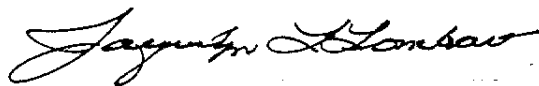
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

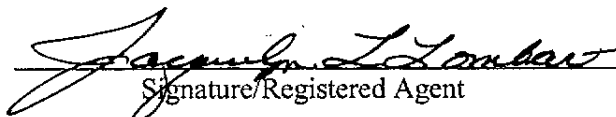
The name and Florida street address of the registered agent is: JACQUELYN LLOMBART
445 ROMINE COURT
SPRING HILL, FL 34609



ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: JACQUELYN LLOMBART
445 ROMINE COURT
SPRING HILL, FL 34609

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

5/1/03
Date


Signature/Incorporator

5/1/03
Date

FILED
03 MAY -5 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA