

P03000106708

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(City/State/Zip/Phone #)

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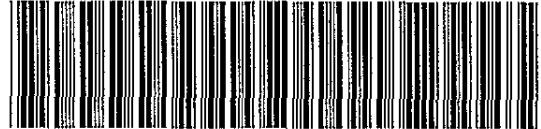
(Business Entity Name)

(Document Number)

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07/25/03--01035--020 \*\*78.75

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## TRANSMITTAL LETTER

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

**SUBJECT:** JALIDA ENTERPRISE, 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  
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:** BARBARA L. FISHER  
Name (Printed or typed)

PO Box 881763  
Address

Port St Lucie, FL 34988-1763  
City, State & Zip

772 336-3435  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 31, 2003

BARBARA L. FISHER  
PO BOX 881763  
PORT ST LUCIE, FL 34988-1763

SUBJECT: JALIDA ENTERPRISE, INC.  
Ref. Number: W03000021628

We have received your document for JALIDA ENTERPRISE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Dorine Martin  
Document Specialist  
New Filings Section

Letter Number: 703A00044185

## 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:

JALIDA ENTERPRISE, INC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 881763  
PORT ST LUCIE, FL 34988-1763

3410 Noble Ave.  
Palm City FL 34990

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ESTIMATE, MANAGE, RENT, LEASE, DEVELOPE, PURCHASE AND SELL RESIDENTIAL,  
COMMERCIAL, AND INDUSTRIAL REAL ESTATE.

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

BARBARA L. FISHER  
PO BOX 881763  
PORT ST LUCIE, FL 34988-1763

3410 Noble Ave.  
Palm City FL 34990

### ARTICLE VI REGISTERED AGENT

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

BARBARA L. FISHER  
PO BOX 881763  
PORT ST LUCIE, FL 34988-1763

3410 Noble Ave.  
Palm City FL 34990

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BARBARA L. FISHER  
PO BOX 881763  
PORT ST LUCIE, FL 34988-1763

\*\*\*\*\*

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

*Barbara L. Fisher*

Signature/Registered Agent

7/23/03

Date

*Barbara L. Fisher*

Signature/Incorporator

7/23/03

Date