

PD3000126550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

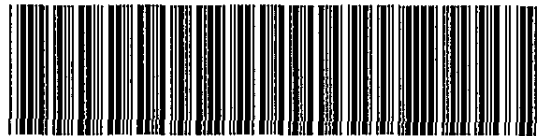
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800024159688

10/30/03--01042--014 **78.75

FILED
03 OCT 30 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: J. A. COLUMBUS ENTERPRISES, 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: JEFFREY A. COLUMBUS
Name (Printed or typed)

7505 VERNA BETHANY ROAD
Address

MYAKKA CITY, FL 34251
City, State & Zip

941-322-8007
Daytime Telephone number

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

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

J.A. COLUMBUS ENTERPRISES, INC.

7505 VERNA BETHANY ROAD
MYAKKA CITY, FL 34251

100 SHARES

PRESIDENT/DIRECTOR

JEFFREY A. COLUMBUS
7505 VERNA BETHANY ROAD
MYAKKA CITY, FL 34251

JEFFREY A. COLUMBUS
7505 VERNA BETHANY ROAD
MYAKKA CITY, FL 34251

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

Jeffrey A. Columbus
Signature/Registered Agent

10-27-03
Date

Jeffrey A. Columbus
Signature/Incorporator

10-27-03
Date