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Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

JEFFREY OKYN INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$87.50 |

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**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:

Jeffrey Okyn Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1133 SW 4 St Boca Raton FL 33486

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Carpentry

**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):

Jeffrey Okyn  
1133 SW 4 St Boca Raton FL 33486  
Owner

**ARTICLE VI REGISTERED AGENT**

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

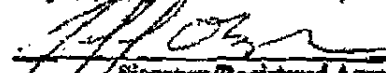
Jeffrey Okyn  
1133 SW 4 St Boca Raton FL 33486

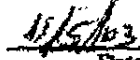
**ARTICLE VII INCORPORATOR**

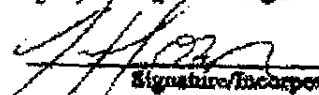
The name and address of the incorporator is:

Jeffrey Okyn  
1133 SW 4 St Boca Raton FL 33486

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation in 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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