

P04000034585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

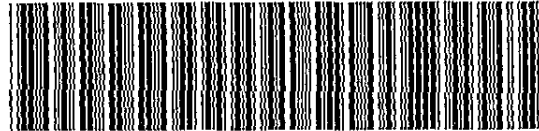
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200028816452

U2/23/04--01059-010 *78.75

RECEIVED
04 FEB 23 PM 1:26

RECEIVED
04 FEB 23 PM 1:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Signature] 2-23-04

TRANSMITTAL LETTER

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

SUBJECT: S. J. H. Inc. CONSULTANTS
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

JOSEPH COHEN
Name (Printed or typed)

P.O. Box 6887
Address

TALLAHASSEE FL 32314
City, State & Zip

850 - 980 - 4815
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)

FILED

04 FEB 23 PM 1:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

S. J. H. Inc. CONSULTANTS

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P. O. BOX 6887

TALLAHASSEE FLORIDA 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

#1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JOSEPH COHEN

P.O. BOX 6887 TALLAHASSEE FLORIDA 32314

CEO

ARTICLE VI REGISTERED AGENT

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

JOSEPH COHEN

1031-7 CROSSING BROOKWAY

TALLAHASSEE FLORIDA 32314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSEPH COHEN

P. O. BOX 6887

TALLAHASSEE FL 32314

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

Joseph Cohen

Signature/Registered Agent

2/6/04

Date

Joseph Cohen

Signature/Incorporator

2/6/04

Date