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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: J & F Accounting Services Corp.

(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: Frantz Devilmé

Name (Printed or typed)

6243 NW 171 Street

Address

Miami Lakes, Florida 33015

City, State & Zip

305-773-5211

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:

J & F Accounting Services Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

633 NE 167th Street suite #524 North Miami Beach, Florida 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Accounting Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jean Similien 2040 NE 170th Street apt 5 North Miami Beach, Florida 33162 Director
Frantz Devilme 6243 NW 171st Street Miami Lakes, Florida 33015 President
Dania Devilme 6243 NW 171st Street Miami Lakes, Florida 33015 Vice-President

ARTICLE VI REGISTERED AGENT

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

Frantz Devilme 6243 NW 171st Street Miami Lakes, Florida 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Frantz Devilme 6243 NW 171st Street Miami Lakes, Florida 33015

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

Date



Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA