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(Re	questor's Name)			
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
· (Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



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Office Use Only

TRANSMITTAL LETTER

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

SUBJECT:	JB	DESIGNS	4	INSTALLATIONS	INCI
•		(PROPOSED	COL	RPORATE NAME – MUS'	Γ 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 ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	John Bracket Name 8655 Port	(Printed or typed)	
-	407-925-21	32817 State & Zip 466 elephone 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: JB DESIGNS + INSTALLATIONS INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: ORLANDO ORLANDO, FL 32867
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s) address(es) and specific title(s):
ARTICLE IV SHARES The number of shares of stock is: 100
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List hame(s), address(es) and specific thic(s).
John Brockett/OWNIR 8155 Port Sid St.
815T Port Sid St.
ORLAW00, PL 32817
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
John Brackett
8655 PORT SAID ST
ORLANDO, FL 32817
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: John Brackett 8155 PORT SAID ST
ORLANDO, FL 32817
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent Date
Signature/Registered Agent Date Discontinuo (Incorporator) Discontinuo (Incorporator)
Signature/Incorporator Date