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DIVISION OF CORPORATIONS
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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: JACOBA'S GOLDEN HANDS, INC.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation, as well as a check for the \$70.00 recording fee of the corporate name.

Please forward a certified copy to the address listed below.

From: JACOBA'S GOLDEN HANDS, INC.
4533 29TH Ave So.
Gulfport, Fl 33711

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ARTICLES OF INCORPORATION

OF

JACOBA'S GOLDEN HANDS, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

JACOBA'S GOLDEN HANDS, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4533 29TH Ave So.
Gulfport, Fl 33711

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares at \$ 1.00 dollar par value

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JACOBA THEODORA GREVEN
4533 29TH Ave So
Gulfport, Fl 33711

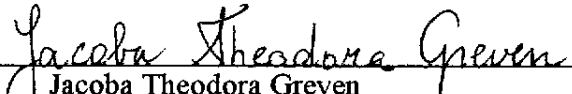
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ARTICLE V: INCORPORATOR (S)

The name and street address of the incorporator (s) to these Articles of Incorporation is:

Jacoba Greven
4533 29th Ave So
Gulfport, Fl 33711

The undersigned has executed these Articles of Incorporation this 29th day of
March 2005.



Jacoba Theodora Greven
PRESIDENT / VICE PRESIDENT

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the state of Florida.

1. The name of the corporation is:

JACOBA'S GOLDEN HANDS, INC.

2. The name and address of registered agent and officer is:

**JACOBA THEODORA GREVEN
4533 29TH Ave So
Gulfport, Fl 33711**

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Signature

Jacoba Theodora Greven

Title

Jacoba's Golden Hands, Inc

Date

04/01/05

HAVING BEEN NAMED AS REGISTERD AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature

Jacoba Theodora Greven

Date

04/01/05