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SECRETARY OF STATE
TALLAHASETES F 9 353

MA

(SAMPLE LETTER OF TRANSMITTAL)

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Gentlemen: Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75 This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation. Very truly yours. MAILING ADDRESS OF CORPORATION -PHONE -

(56/)

Area Code

945-5990

ARTICLES OF INCORPORATION (name of corporation) The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation: ARTICLE I - CORPORATE NAME The name of the corporation is: JERLYNDE ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue _______shares of common stock, par value \$ ______/.00 per share. ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS 22.78 SHOMA DEIVE Beach CITY **FLORIDA** ZIP 33414 Mailing address, if different STREET ADDRESS CITY **FLORIDA** ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	GE RA	LD DE	MAIO		
ADDRESS	2278	SHOMA	DRIVE	_	
CITY CO	yAL PALM	Beach		FLORIDA 4L	ZIP 33414

ARTICLE VII - INITIA	AL BOARD OF DIRECTORS	
This corporation shall have (o	nue directors initially. Th	ne number of directors may b
either increased or diminished from time to time by the By-Laddresses of the initial director(s) of the corporation are as fo		n one (1). The names and
addresses of the limital director(s) of the corporation are as to	110 W 3.	
NAME GERALD DE MAIO		
ADDRESS 2278 SHOMA DEINE		
CITY ROYAL PARM BEACH FO	STATE 7 L	ZIP 33414
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
APTICIEVIII	INCORDORATORS	
The names and addresses of the incorporators signing these A	- INCORPORATORS	'a Hanna
	arcies of incorporation are as i	onows:
NAME GERALD DE MAIO		
ADDRESS 2278 SHOMA DR.	<u>, , , , , , , , , , , , , , , , , , , </u>	
CITY ROYAL PARM BEACH	STATE 4	ZIP 33414
NAME '		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed these Ar	ticles of Incorporation this	29 th
lay of JUNE	-	
	1 2	
	- Marie	(Signature)
-		(Signature)
		(Signature)
		,
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



GERLYNDE FAC
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at (2278	SHOM	IA DR.			
Pa	24AC	PALM	Beach	th	33414	
has named	1	GERA	W DEM)A10		

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered 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) (Date)