

P05000122470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

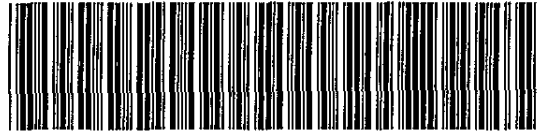
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/7/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: JYL REMODELING INC

(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: JOHN JOSEPH LEROY

Name (Printed or typed)

609 SOUTH CENTRAL AVE

Address

OVIDO, FLORIDA, 32765

City, State & Zip

321-202-4460

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:

JJL REMODELING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

609 SOUTH CENTRAL AVE
OVIEDO FLORIDA, 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN JOSEPH LEROY - PRESIDENT
609 SOUTH CENTRAL AVE
OVIEDO FL 32765

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JOHN JOSEPH LEROY
609 SOUTH CENTRAL AVE
OVIEDO FLORIDA 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN JOSEPH LEROY
609 SOUTH CENTRAL AVE
OVIEDO FLORIDA 32765

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, Incorporator

8/17/05

Date

Signature/Incorporator

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA