

PO5000152427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

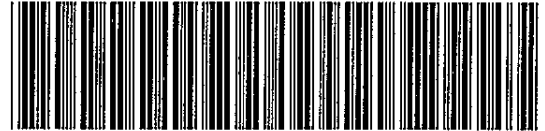
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. Shivers NOV 17 2005

**COVER LETTER**

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

SUBJECT: J.C Regor, 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: Rogelio N. Simpson  
Name (Printed or typed)

105 Persimmon Trl  
Address

Lake Placid, Florida 33852  
City, State & Zip

863 465-2474  
Daytime Telephone number

05 NOV 14 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.C Regor, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

C/O ROGELIO N. SIMPSON  
P.O. BOX 8095  
SEBRING FL 33872

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:

1

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rogelio N. Simpson President  
105 Persimmon Trl  
Lake Placid Fl 33852

### ARTICLE VI REGISTERED AGENT

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

ROGELIO N. SIMPSON  
105 PERSIMMON TRL  
LAKE PLACID FL 33852


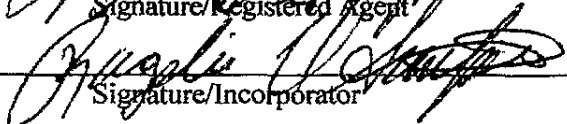
### ARTICLE VII INCORPORATOR



The name and address of the Incorporator is:

ROGELIO N. SIMPSON  
105 PERSIMMON TRL  
LAKE PLACID FL 33852

\*\*\*\*\*

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

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05 NOV 11 PM 6:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA