

P05000157070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900061670939

11/28/05--01011--016 **70.00

FILED

2005 NOV 28 P 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-30-05
11/6

COVER LETTER

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

SUBJECT: Jaw Breaka Management Corporation
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Marilyn Marshall
Name (Printed or typed)

509 Carlyne Street
Address

Tampa, FL 33617
City, State & Zip

(813) 394-9391
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:

Jaw Breaka Management Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

509 Carolyne Street, Tampa, FL 33617

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:

\$2,500 of \$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Marilyn Marshall, 509 Carolyne Street, Tampa FL 33617

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jaw Breaka Management Corporation, 509 Carolyne Street, Tampa FL 33617

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


Signature/Incorporator

FILED
2005 NOV 28 P 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/21/05

Date
11/21/05

Date