

P06000029588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

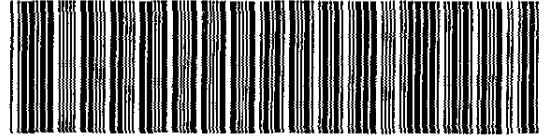
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB3-1-06

## COVER LETTER

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

SUBJECT: JTS Investment Strategies, 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: DAVID A. KNIERIM  
Name (Printed or typed)

14670 S.W. 29 PL.  
Address

DAVIE, FL 33330  
City, State & Zip

866-883-4577  
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:

JTS INVESTMENT STRATEGIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14670 S.W. 29 PL  
DAVIE, FL 33330

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FINANCIAL SALES

**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):

DAVID A. KNIERIM, PRESIDENT  
14670 S.W. 29 PLACE  
DAVIE, FL 33330

**ARTICLE VI REGISTERED AGENT**

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

DAVID A. KNIERIM  
14670 S.W. 29 PL  
DAVIE, FL 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DAVID A. KNIERIM  
14670 S.W. 29 PL.  
DAVIE, FL 33330

\*\*\*\*\*

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

2-1-06

Date

  
\_\_\_\_\_  
Signature/Incorporator

2-1-06

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 28 AM 8:35

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