# P06000046142

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_____
(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

_____
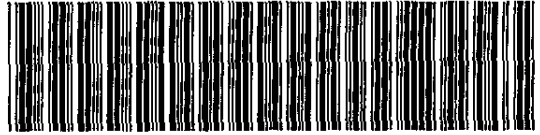(Business Entity Name)

_____
(Document Number)

Certified Copies _____    Certificates of Status _____

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Special Instructions to Filing Officer:




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Office Use Only

# COVER LETTER

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

SUBJECT: _____PJ Telecom, Inc_____
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

❑ $70.00          ❑ $78.75                    ❑ $78.75              ❑ $87.50
Filing Fee        Filing Fee                   Filing Fee            Filing Fee,
                  & Certificate of Status      & Certified Copy      Certified Copy
                                                                     & Certificate of
                                                                     Status

                                               **ADDITIONAL COPY REQUIRED**

FROM: _____Paula Thompson_____
                Name (Printed or typed)

_____51 12th Ave_____
                Address

_____Shalimar, FL 32579_____
                City, State & Zip

_____(850) 200-2942_____
                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:

PJ Telecom, Inc.

## ARTICLE II     PRINCIPAL OFFICE
The principal place of business/mailing address is:

51 12th Avenue Shalemar FL 32579

## ARTICLE III     PURPOSE
The purpose for which the corporation is organized is:

Any & all lawful businesses

## ARTICLE IV     SHARES
The number of shares of stock is: 100

## ARTICLE V     INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

Paula Thompson, President
Secretary, Treasurer
Lynni al Jordan Vice-president

## ARTICLE VI     REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Paula Thompson
51 12th Ave Shalemar FL 32579

## ARTICLE VII     INCORPORATOR
The **name and address** of the Incorporator is:

Paula Thompson
51 12th Ave Shalemar FL 32579

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

*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 | 3-30-06 |
| | Date |
| Signature/Incorporator | 3-30-06 |
| | Date |