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COVER LETTER

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

SUBJECT: J. Johnson's Enterprises, 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: J. Johnson's Enterprises, Inc.
Name (Printed or typed)

3729 SW 20th Place
Address

Cape Coral Florida 33914
City, State & Zip

239-410-7994
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:

J. Johnson's Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3729 SW 20th Place
Cape Coral, Florida, 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Administrative Services

ARTICLE IV SHARES

The number of shares of stock is:

100 @ .10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Julia A. Johnson, 3729 SW 20th Place, Cape Coral, FL 33914
~~Owner~~ President

ARTICLE VI REGISTERED AGENT

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

Julia A. Johnson
3729 SW 20th Place
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~Same~~ Julia A. Johnson
3729 SW 20th Place
Cape Coral, FL 33914

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

Julia A. Johnson
Signature/Registered Agent

3/29/06
Date

Julia A. Johnson
Signature/Incorporator

3/29/06
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA