

707000048397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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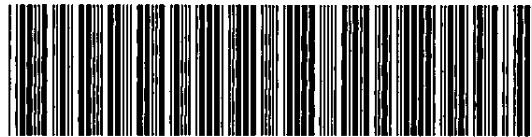
(Business Entity Name)

(Document Number)

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2007 APR 18 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 20 2007

COVER LETTER

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

SUBJECT: Jody Young, 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: Jody Young

Name (Printed or typed)

1245 Mystic Way

Address

Wellington, FL 33414

City, State & Zip

561-704-3912

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Jody Young, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1245 Mystic Way, Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Entertainment Marketing

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):

Jody Young, President
1245 MYSTIC WAY
WELLINGTON, FL 33414

ARTICLE VI REGISTERED AGENT

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

Jody Young
1245 MYSTIC WAY
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jody Young
1245 Mystic Way
Wellington, FL 33414

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

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA