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(Requestor's Name)

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(City/State/Zip/Phone #)

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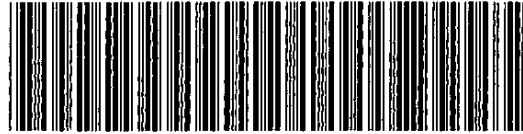
(Business Entry Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CO-S-21  
12

## COVER LETTER

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

SUBJECT: INJC, 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      ☐ \$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: ARLENE S. MUNOZ

Name (Printed or typed)

P.O. BOX 6285

Address

DELTONA, FL 32728

City, State & Zip

386-804-6169

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:

INJC, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1801 GILES STREET, DELTONA, FL 32725 / P.O. BOX 6285, DELTONA, FL 32728

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL SALES AND SERVICES

### 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):

ARLENE S. MUNOZ

P.O. BOX 6285, DELTONA, FL 32728

PRESIDENT, VICE PRESIDENT,

TREASURER, SECRETARY

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

ARLENE S. MUNOZ  
928 ABAGAIL DR. DELTONA, FL 32725

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ARLENE S. MUNOZ  
P.O. BOX 6285 DELTONA, FL 32728

\*\*\*\*\*

*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

11/27/09  
\_\_\_\_\_  
Date

11/27/09  
\_\_\_\_\_  
Date