

PO800008982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

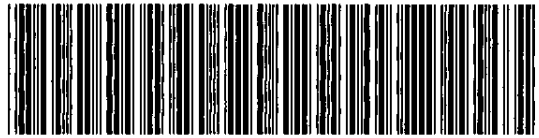
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 JAN 24 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/25

COVER LETTER

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

SUBJECT: January, Incorporated
(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: Sharon Keyes Murphy
Name (Printed or typed)

1446 Crocus Court
Address

Longwood, FL 32750
City, State & Zip

407-902-7711
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

January, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1446 Crocus Court
Longwood, FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO engage in any
activity or business permitted under the laws
of the USA and state of Florida.

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):

President →
VP, etc.

Sharon Murphy (All)
1446 Crocus Court
Longwood, FL 32750

ARTICLE VI REGISTERED AGENT

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

Sharon Murphy
14416 CROCUS COURT
LONGWOOD, FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharon Murphy
14416 CROCUS COURT
LONGWOOD, FL 32750

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

1-22-8

Date

Signature/Incorporator

1-22-8

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA