

P08000023724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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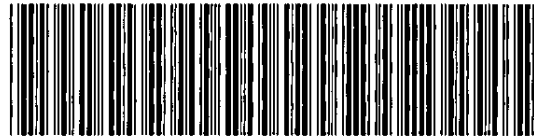
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
08 MAR -5 AM 10:56
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2008 MAR -5 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 6 2008



UCC FILING & SEARCH SERVICES, INC.
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 Tallahassee, Florida 32309
 (850) 681-6528

HOLD
 FOR PICKUP BY
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March 5, 2008

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

JL Facility Solutions, Inc.

Filing Evidence

☐ Plain/Confirmation Copy

☒ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
 Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

☐ Photocopy

☐ Certified Copy

NEW FILINGS	
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

ARTICLES OF INCORPORATION

OF

JL FACILITY SOLUTIONS, INC.

ARTICLE I. NAME

The name of this corporation is JL FACILITY SOLUTIONS, INC.

ARTICLE II. DURATION

This corporation is to exist perpetually.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any activity or business permitted under the laws of the United States and of Florida.

ARTICLE IV. CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to issue is One Thousand (1,000) shares having a par value of \$1.00 per share.

ARTICLE V. REGISTERED OFFICE AND REGISTERED AGENT

The initial principal office of the proposed corporation in the State of Florida is 5316 NW 57TH Way, Coral Springs, Florida 33067, and the mailing address of the proposed corporation is the same. The name and address of the initial registered agent is JAMES P. HOFFMANN, 5316 NW 57TH Way, Coral Springs, Florida 33067.

ARTICLE VI. DIRECTORS

The number of directors constituting the initial Board of Directors of the proposed corporation is two (2) members. The name and address of each person who is to serve as a member of the initial Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>
JAMES P. HOFFMANN	5316 NW 57 TH Way Coral Springs, Florida 33067
LOURDES S. HOFFMANN	5316 NW 57 TH Way Coral Springs, Florida 33067

FILED
2008 MAR -5 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII. INCORPORATOR

NAME

JAMES P. HOFFMANN

ADDRESS

5316 NW 57TH Way
Coral Springs, Florida 33067

EXECUTED by the undersigned at Plantation, Broward County, Florida, on this 4 day of March, 2008.

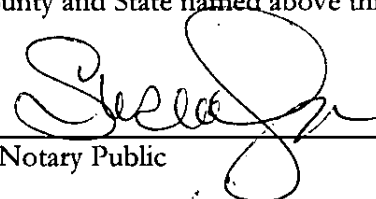

JAMES P. HOFFMANN

STATE OF FLORIDA

COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments in the State and County named above, personally appeared JAMES P. HOFFMANN, who is personally known to me or has produced FL DL as identification and who did not take an oath and who executed the foregoing Articles of Incorporation.

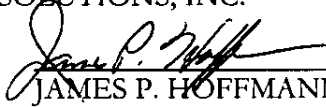
WITNESS my hand and official seal of the County and State named above this 4 day of March, 2008.


Notary Public

My Commission Expires:



Pursuant to Section 607.164 of the Florida Statutes, I, JAMES P. HOFFMANN, accept the designation as Registered Agent for JL FACILITY SOLUTIONS, INC.

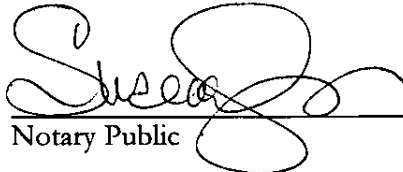

JAMES P. HOFFMANN

STATE OF FLORIDA

COUNTY OF BROWARD

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments in the State and County named above, personally appeared JAMES P. HOFFMANN, who is personally known to me or has produced FL DL as identification and who accepted the designation of registered agent by signing the Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above on this 4 day of March, 2008.


Notary Public

My Commission Expires:

