

P08000052779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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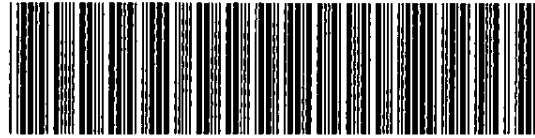
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/08--01035--022 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 27 PM 1:52

EP 5/29/08

COVER LETTER

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

SUBJECT: CJ Andrin, 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: Christopher John Andrin

Name (Printed or typed)

4444 Blakeley Ct

Address

Jacksonville, FL 32257

City, State & Zip

(904) 268-0196

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:

CJ Andrin, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4444 Blakeley Ct
Jacksonville, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Neuromuscular Massage Therapy 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):

Christopher John Andrin, President & CEO
4444 Blakeley Ct.
Jacksonville, FL 32257

ARTICLE VI REGISTERED AGENT

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

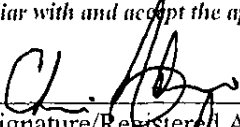
Christopher Andrin
4444 Blakeley Ct.
Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

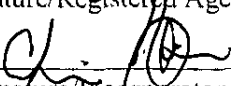
The name and address of the Incorporator is:

Christopher John Andrin
4444 Blakeley Ct.
Jacksonville, FL 32257

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

FILED
SECRETARY OF STATE
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08 MAY 27 PM 1:52