209000058047

(Requestor's Name)		
(Address)	60015738	
(Address)	00013730	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	06/22/0901047-	
(Document Number)		
Certified Copies <u>County</u> Certificates of Status		
Special Instructions to Filing Officer:	the same same to the same same	
	TALLAHASSEE. FLORIUA	

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July 2, 2009

BEPARTI STAT

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Ref.# W09000029316 Letter # 709a00021483

Dear Whomever,

Please abandon this filing for D.A. Madison, Inc., see attached.

Please use the filing fee of \$78.75 that you currently have for the filing fee of this new entity that I am filing for: JW LaRose, Inc.

If you have any questions please feel free to give me a call. 407-580-7011.

Regards,

Jerry LaRose

5035 Coveview Dr.

Saint Cloud, Fl. 34771

SECRETARY OF STATE

a little at

COVER LETTER

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

SUBJECT:	JW LaRose, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
<u></u>				
Enclosed are an orig	inal and one (1) copy of the art	icles 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 o Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:		W. LaRose e (Printed or typed)		
	5035 Coveview Dr.			
		Address		
	Saint Cloud, FL. 34771			
	City, State & Zip			
	407-580-7011 Daytime Telephone number			
	Daytime	elephone number		
	jerry@je	errylarose.com	notification)	
	E-mail address: (to be used for future annual report notification)			

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:

JW LaRose, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5035 Coveview Dr. Saint Cloud, FL 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate 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): Jerry W. LaRose

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SECRETARY OF STATE
ANASSEE FI ORIDA

ARTICLE VI REGISTERED AGENT

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

Jerry W. LaRose 5035 Coveview Dr., Saint Cloud, Fl. 34771

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jerry W. LaRose 5035 Coveview Dr., Saint Cloud, Fl. 34771

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

agree to act in this capacity

| The signature | Registered Agent | The signature | The signat