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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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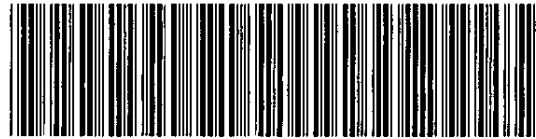
(Business Entity Name)

(Document Number)

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09 JUL -7 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: Jeffrey DeArmond, 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
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: Jeffrey DeArmond
Name (Printed or typed)

6171 Bahia Del Mar Blvd. 215
Address

St. Petersburg, FL 33715
City, State & Zip

727-278-6295
Daytime Telephone number

jeffdearmond@gmail.com
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:

Jeffrey DeArmond, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6171 Bahia Del Mar Blvd. 215
St. Petersburg, FL 33715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing Consultancy

ARTICLE IV SHARES

The number of shares of stock is:

100,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jeffrey DeArmond - CEO

ARTICLE VI REGISTERED AGENT

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

Jeffrey DeArmond
6171 Bahia Del Mar Blvd 215
St. Petersburg, FL 33715

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jeffrey DeArmond, Inc.
6171 Bahia Del Mar Blvd. 215
St. Petersburg, FL 33715

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL -7 PM 1:57

APPROVED
AND
FILED

6-29-09

Date

6-29-09

Date