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TALLAHASSEE, FLORIDA

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7-31-09

COVER LETTER

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

SUBJECT: Julie Jimenez 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: Julie Jimenez
Name (Printed or typed)

12635 109th St
Address

Largo, FL 33778
City, State & Zip

727 709-2061
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:

Julie Jimenez INC

ARTICLE II PRINCIPAL OFFICE

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

12635 109th St. Largo, FL 33778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Speech-Language Pathology

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Julie Jimenez President
12635 109th St.
Largo, FL 33778

ARTICLE VI REGISTERED AGENT

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

Julie Jimenez
12635 109th St.
Largo, FL 33778

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Julie Jimenez
12635 109th St
Largo, FL 33778

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

Julie Jimenez
Signature/Registered Agent

7/27/09
Date

Julie Jimenez
Signature/Incorporator

7/27/09
Date

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CLERK OF COUNTY
OF HILLSBORO
FLORIDA