

PO9000067486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

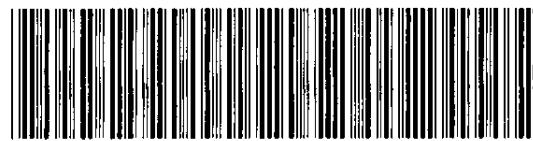
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 AUG 11 PM 1:15

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 AUG 11 PM 1:27

FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
8/11

COVER LETTER

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

SUBJECT: J & J Frozen Drink 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
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Shakila Johnson
Name (Printed or typed)

2386 Cypress Cove Dr
Address

Tallahassee, FL 32310
City, State & Zip

(850) 566-3403
Daytime Telephone number

shakilaisattractive@yahoo.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: **J & J Frozen Drink Inc.**

09 AUG 11 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

2386 Cypress Cove Dr (Mobile)
Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Frozen Beverages

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Antonio Johnson (President)	Shakila Johnson (President)
2386 Cypress Cove Dr	2386 Cypress Cove Dr
Tallahassee, FL 32310	Tallahassee, FL 32310

ARTICLE VI REGISTERED AGENT

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

Shakila Johnson
2386 Cypress Cove Dr
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Antonio Johnson	Shakila Johnson
2386 Cypress Cove Dr	2386 Cypress Cove Dr
Tallahassee, FL 32310	Tallahassee, FL 32310

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

Shakila Johnson

Signature/Registered Agent

08/11/2009

Date

Shakila Johnson

Signature/Incorporator

08/11/2009

Date