

P09000079685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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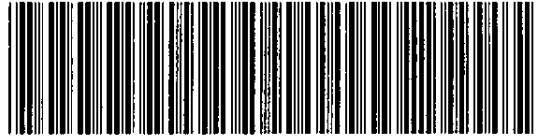
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/09--01010--002 **70.00

FILED

2009 SEP 24 P 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-25-09
cc

COVER LETTER

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

SUBJECT: JLS Business Services 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: Shelley A Smlth
Name (Printed or typed)

3949 Cordova Ave

Address

Jacksonville, FL 32207

City, State & Zip

904 910-8021

Daytime Telephone number

sas31962@bellsouth.net

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)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I NAME

The name of the corporation shall be: **JLS Business Services, Inc.**

ARTICLE II PRINCIPAL OFFICE

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

3949 Cordova Ave.
Jacksonville, FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide business consulting, income tax advice and preparation and bookkeeping services.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John L Smith, 3939 Cordova Ave., Jacksonville, FL 32207 President
Shelley A Smith, 3949 Cordova Ave., Jacksonville, FL 32207 Secy/Trea

ARTICLE VI REGISTERED AGENT

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

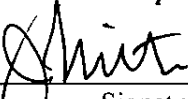
John L Smith, 3949 Cordova Ave., Jacksonville, FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelley A Smith, 3949 Cordova Ave., Jacksonville, FL 32207

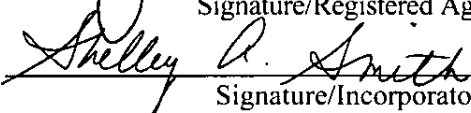
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/21/09

Date



Signature/Incorporator

9/21/09

Date