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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

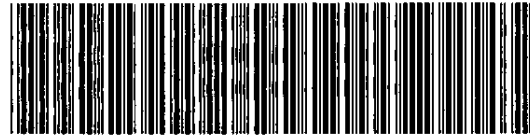
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JAN 18 PM 4:14

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1/18

## COVER LETTER

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

**SUBJECT: J & J FURNISHINGS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Joan T. Lang

Name (Printed or typed)

890 Buttonwood Lane

Address

Altamonte Springs, FL 32714

City, State & Zip

407-929-9058

Daytime Telephone number

jtl18@cfl.rr.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**

J & J FURNISHINGS, INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
890 Buttonwood Lane  
Altamonte Springs, FL 32714

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Pursuit of lawful business pr the corporation codes of the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joan T. Lang, President  
Address: 890 Buttonwood Lane  
Altamonte Springs, FL 32714

Name and Title: Gerald L. Lang, Treasurer/Secretary  
Address: 890 Buttonwood Lane  
Altamonte Springs, FL 32714

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Joan T. Lang  
Address: 890 Buttonwood Lane  
Altamonte Springs, FL 32714

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joan T. Lang  
Address: 890 Buttonwood Lane  
Altamonte Springs, FL 32714

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

Joan T. Lang  
Required Signature/Registered Agent

1/11/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joan T. Lang  
Required Signature/Incorporator

1/11/11  
Date

11 JAN 18 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED