

P11000006699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

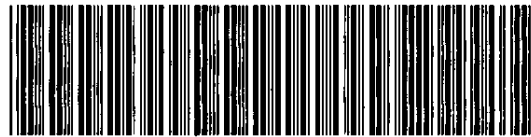
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Robert King **DAVE**
AUTHORIZATION BY PHONE TO
CORRECT Article I
DATE 1/21/11
DOC. EXAM MRS

Office Use Only



000190006520

01/18/11--01019--001 **70.00

FILED
11 JAN 21 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
1/21/11

1111-3645

COVER LETTER

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

SUBJECT: JAB Services, Incorporated

(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: Robert J. King

Name (Printed or typed)

2448 SE 9Th Street

Address

Pompano Beach, FL 33062

City, State & Zip

954-946-9987

Daytime Telephone number

robert.king.j@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2011

ROBERT J KING
2448 SE 9TH STREET
POMPANO BEACH, FL 33062

SUBJECT: JAB SERVICES, INCORPORATED
Ref. Number: W11000003645

We have received your document for JAB SERVICES, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 211A00001683

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: JAB Assistance, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
2448 SE 9Th Street
Pompano Beach, FL 33062

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert J. King - President
Address: 2448 SE 9Th Street
Pompano Beach, FL 33062

Name and Title: _____
Address: _____

Name and Title: Judith A. King - Secretary/Treasurer
Address: 2448 SE 9Th Street
Pompano Beach, FL 33062

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:

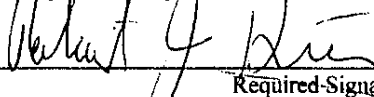
Name: Robert J. King - President
Address: 2448 SE 9Th Street
Pompano Beach, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert J. King
Address: 2448 SE 9Th Street
Pompano Beach, FL 33062

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



Required Signature/Registered Agent

1/11/2011

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.



Required Signature/Incorporator

1/11/2011

Date

FILED
11 JAN 21 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA