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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Jabaji Group, 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: Jamal Jabaji

Name (Printed or typed)

259 - 4th Ave. N.

Address

St. Pete., FL 33701

City, State & Zip

(727) 259-5943

Daytime Telephone number

jamaljabaji@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)

ARTICLE I NAME

The name of the corporation shall be: Jabaji Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
259- 4th Ave. N.
St. Pete., FL 33701

Mailing address, if different from principal office address:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: This corporation is authorized to issue one thousand (1,000) shares of one dollar (\$1) par value common stock which shall be designated common shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|-----------------------|
| Name and Title: <u>Jamal Jabaji, P. S. T</u> | Name and Title: _____ |
| Address: <u>259 4th Ave. N.</u> | Address: _____ |
| <u>St. Pete., FL 33701</u> | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

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

Name: Jamal Jabaji
Address: 259- 4th Ave. N.
St. Pete., FL 33701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamal Jabaji
Address: 259- 4th Ave. N.
St. Pete., FL 33701

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

Jan 6th 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

Jan 6th 2011
Date