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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H11000053058 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

jci resurfacing of south florida, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

11 FEB 28 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPROVED
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DN

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H11000053058

ARTICLE I NAME

The name of the corporation shall be: JCI RESURFACING OF SOUTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13222 43RD RD. N.
WEST PALM BEACH, FL 33411

Mailing address, if different is:
13222 43RD RD. N.
WEST PALM BEACH, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P- DELINAH LICHTENWALTER
Address: 13222 43RD RD. N.
WEST PALM BEACH, FL 33411

Name and Title: _____
Address: _____

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: DELINAH LICHTENWALTER
Address: 13222 43RD RD. N.
WEST PALM BEACH, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DELINAH LICHTENWALTER
Address: 13222 43RD RD. N.
WEST PALM BEACH, FL 33411

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

Delinah Lichtenwalter
Required Signature/Registered Agent

2-28-2011
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.

Delinah Lichtenwalter
Required Signature/Incorporator

2-28-2011
Date

H11000053058

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AND
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11 FEB 28 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA