

P110000022393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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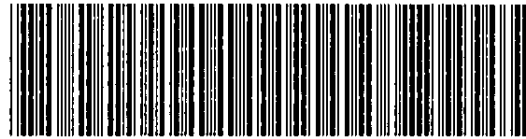
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: J & M COUNCIL RENTAL PROPERTIES, 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: MICHELE COUNCIL

Name (Printed or typed)

153 PLACID DRIVE

Address

LAKE PLACID, FL 33852

City, State & Zip

863 243-3613

Daytime Telephone number

michaelq5@live.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 & M COUNCIL RENTAL PROPERTIES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
153 PLACID DRIVE
LAKE PLACID, FL 33852

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
NEW CORPORATION- RENTAL PROPERTIES

ARTICLE IV SHARES

The number of shares of stock is: **1000 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN COUNCIL-PRESIDENT	Name and Title: _____
Address: 153 PLACID DRIVE	Address: _____
LAKE PLACID, FL 33852	_____
_____	_____

Name and Title: MICHELE COUNCIL - V PRESIDENT	Name and Title: _____
Address: 153 PLACID DRIVE	Address: _____
LAKE PLACID, FL 33852	_____
_____	_____

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: **MICHELE COUNCIL**
Address: **153 PLACID DRIVE**
LAKE PLACID, FL 33852

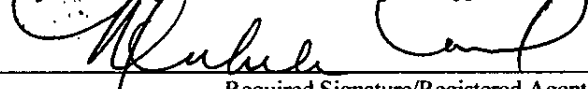
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: **MICHELE COUNCIL**
Address: **153 PLACID DRIVE**
LAKE PLACID, FL 33852

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TALLAHASSEE, FLORIDA

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	3/1/11 _____ Date
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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	3-1/11 _____ Date
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