

P11000027160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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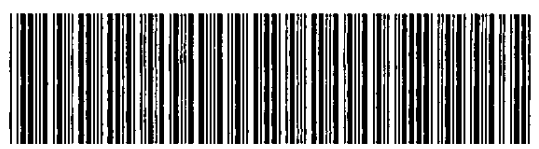
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: J.T.M. ENTERTAINMENT 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: JOSEPH FIORELLO
Name (Printed or typed)
401 N RIVERSIDE DR
Address
POMPANO BEACH FL 33062
City, State & Zip
954-495-0303
Daytime Telephone number

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: J.T.M ENTERTAINMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

401 N RIVERSIDE DR
POMPANO BEACH, FL
33062

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 21

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KHAN, MAHAMMAD P
Address: 822 ROOSEVELT ST
W. HEMPSTEAD, NY 11542

Name and Title: _____
Address: _____

Name and Title: SARDEGNA ANTHONY VP
Address: 205 FOREST AVE
LYNDROOK, NY 11563

Name and Title: _____
Address: _____

Name and Title: FIORIELLO, JOSEPH Secy
Address: 401 N RIVERSIDE DR
POMPANO BEACH, FL 33062

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: FIORIELLO, JOSEPH
Address: 401 N RIVERSIDE DR
POMPANO BEACH, FL 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FIORIELLO, JOSEPH
Address: 401 N RIVERSIDE DR
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

Joseph Fiorillo
Required Signature/Registered Agent

3/11/11
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.

Joseph Fiorillo
Required Signature/Incorporator

3/11/11
Date

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