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Special Instructions to	Filing Officer		7	
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Office Use Only



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COVER LETTER

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

SUBJECT: J. ADLINE, INCORPO	RATED	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: KIM M. SIMMONS Name 5680 STATE ROAD 13,	e (Printed or typed) NORTH LOT B	
	Address	
ST. AUGUSTINE, FL 32	2092	·
City,	State & Zip	
904-599-4586	elephone number	
Daytime 1	/	
j_adlineinc@yahoo.com	d for future annual report	notification)

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

Department of State
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314

3/31/2011

RE: No Intention to Reinstate and Release of Corporate Name

To Whom It May Concern:

I wish to inform you that I do not intend to reinstate the following corporation; J. Adline, Inc. My mother Kim M. Simmons recently submitted for-profit articles of incorporation for the filing of J. Adline Incorporated. As the sole owner of J. Adline, Inc, I respectfully request that you release the name J. Adline, Inc. to be used by my mother Kim M. Simmons.

We trust that this request satisfies the correct method for allowing the corporate name J. Adline, Inc. to be released. To reiterate, I have no intention or reinstating J. Adline, Inc and I authorize you to the release its name for reuse.

Cordially,

Cynthia M. Simmons

former president of J. Adline, Inc.

xitthia M Sonnows

1588 Timber Trace Dr. St. Augustine, FL 32092

407-967-7602

JUN PING TANKERSLEY

MY COMMISSION # DD766095

EXPIRES March 06, 2012

(407) 398-0153

Floridal hydrany Service.com

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·	ARTICLES OF INCO	RPORATION	
	In compliance with Chapter 607 and/	or Chapter 621, F	.S. (Profit) 11 APR _ 7
ARTICLE I The name of the cor	NAME J. ADLINE, INCORPOR reporation shall be:	ATED	SECRETARY OF STATE PLONIDA
ARTICLE II	PRINCIPAL OFFICE		SEE FLORIDA
5.	Principal <u>street</u> address 680 STATE ROAD 13 NORTH, LOT B	1	Mailing address, if different is:
	T. AUGUSTINE, FL 32092		
_	· · · · · · · · · · · · · · · · · · ·		
	hich the corporation is organized is:		
ANY AND AL	L LAWFUL BUSINESS.		
ARTICLE IV	SHARES es of stock is: 10,000,000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS tle: KIM M. SIMMONS - PRESIDENT	S Nome and Tide	
Address:	ile:KIW W. SIWIWONS - PRESIDENT	Address:	
	5680 STATE ROAD 13 NORTH, LOT B		
	ST. AUGUSTINE, FL 32092		
Name and Tit	tle:	Name and Title:	
Address:		Address:	
		•	
Name and Tit Address:	tle:	Name and Title:	
Address.		Address.	
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) of the EDWARD LEE SIMMONS	the registered agen	it is:
Name: Address:	EDWARD LEE SIMMONS 5680 STATE ROAD 13 NORTH LOT	D	
radi voo.	ST. AUGUSINTE, FL 32092	Ь	
4 DØIGI B 1971	•		
	INCORPORATOR ress of the Incorporator is:		
Name:	EDWARD LEE SIMMONS		
Address:	5680 STATE ROAD 13 NORTH LOT B	3	
	ST. AUGUSTINE, FL 32092		
	d as registered agent to accept service of process a familiar with and accept the appointment as regis		
	7		03/23/11
	Required Signature/Registered Agent		Date
I suhmit this do	ment and affirm that the facts stated have in the	burn I am anno	that the false information submitted in
	ment and affirm that the facts stated herein are i partme <u>nt o</u> f State constitutes a third degree felony		
		p	

Required Signature/Incorporator

03/23/11

Date