

P11000042961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

56 5/5

## COVER LETTER

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

**SUBJECT:**

(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: Mary Jo Lee

Name (Printed or typed)

2961 Placida Road, Unit 7

Address

Englewood, Florida 34224

City, State & Zip

941-928-8816

Daytime Telephone number

gomaryjo@yahoo.com ✓

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

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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** JP's STUFF SHOPP, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2961 Placida Road,

Englewood, Fl. 34224

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**RESALE SHOPP**

~~ARTICLE IV CAPITAL~~  
The number of shares of stock is **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **President, Mary Jo Lee**  
Address: **2117 Mississippi Ave.**

Name and Title:  
Address:

**Englewood, Florida 34224**

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: **Mary Jo Lee**  
Address: **2117 Mississippi Ave.**  
**Englewood, Florida 34224**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Mary Jo Lee**  
Address: **2117 Mississinni Ave.**  
**Englewood Florida 34224**

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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

Date **4-30-11**

*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

Date **4-30-11**