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PICK-UP	☐ WAIT	MAIL	
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## **COVER LETTER**

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

SUBJECT: J & D Biz, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 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: <u>Jeffery and Danielle Zinn</u> Name	(Printed or typed)	
103 Prince Road	address	
Saint Augustine, FL 32086. City,	State & Zip	-
904-797-5432 Daytime Te	elephone number	,, , , , , , , , , , , , , , , , , , ,
jeff zinn@vahoo.com 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 The name of the	NAME J & D Biz, Inc.		
	PRINCIPAL OFFICE Principal street address 103 Prince Road	Ma	iling address, if different is:
	Saint Augustine, FL 32086	**************************************	
ARTICLE III The purpose for	<b>PURPOSE</b> which the corporation is organized is:		
To obtain pr	ofessional recognition in the community		= = M
ARTICLE IV The number of sl	SHARES hares of stock is: 1		JIL 19 PH 3:
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	5	REAL COMMENTS
	Title: Jeffery Zinn, President	Name and Title:	Št.
Address:	103 Prince Road	Address:	
	Saint Augustine, FL 32086	_	
Name and	Title:Danielle Zinn, Vice President	Name and Title:	
Address:	103 Prince Road	Address:	
	Saint Augustine, FL 32086		
Name and Address:	Title: Edward Pont/off site record holder 29 Saint Thomas Street	Name and Title:	
	Enfield, CT 06082-3038		
	,		
	REGISTERED AGENT  Torida street address (P.O. Box NOT acceptable) of the street address (P.O. Box NOT acceptable) and the street address (P.O. Box Rotal acceptable) and the street address (P.O. Box Rotal acceptable) and the street address (P.O. Box Rotal acceptable) and the street acceptable ac	the registered agent i	c.
Name:	Jeffery Zinn		3.
Address:	103 Prince Road		
	Saint Augustine, FL 32086		
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Jeffery Zinn		
Address:	103 Prince Boad		
	St. Augustine, FL 32086		
	med as registered agent to accept service of process am familiar with and accept the appointment as regi		
711	,		_/ -/
	Required Signature/Registered Agent		7/15/u
W	/ Required Signature/Registered Agent		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.
			-1:-1
	Required Signature/Incorporator		7/15/11 Date
	required Signature/fricorporator		Date