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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

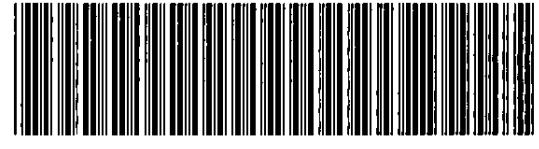
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
TALLAHASSEE, FL 32310

SC  
7-20-11

**COVER LETTER**

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

**SUBJECT: J BAR J MANAGEMENT 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: LARRY JOHNSON**  
Name (Printed or typed)

**1641 N TAMIAMI TRAIL**  
Address

**NORTH FORT MYERS, FL 33903**  
City, State & Zip

**239-997-2692**  
Daytime Telephone number

**TBeardmore1@earthlink.net**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL  
SECRETARY OF STATE

**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 BAR J MANAGEMENT INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1641 N TAMiami TRAIL  
NORTH FORT MYERS FL 33903

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To start a new company in Lee County

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Larry A Johnson President  
Address: 1641 N Tamiami Trail  
N Ft Myers, FL 33903

Name and Title: Brett A Johnson Manager  
Address: 1641 N Tamiami Trail  
N Ft Myers, FL 33903

Name and Title: Keith W Johnson VP  
Address: 1641 N Tamiami Trail  
N Ft Myers, FL 33903

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Trinia Lippincott VP  
Address: 1641 N Tamiami Trail  
N Ft Myers, FL 33903

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: Teresa Beardmore, EA  
Address: 90 Pine Island Rd Ste B  
N Ft Myers, FL 33903

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Larry A Johnson  
Address: 1641 N Tamiami Trail  
N Ft Myers, FL 33903

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SECRETARY OF STATE  
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*

Teresa Lea Beardmore, EA  
Required Signature/Registered Agent

7-15-11  
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.*

Larry A Johnson  
Required Signature/Incorporator

7-15-2011  
Date