

P11000070428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

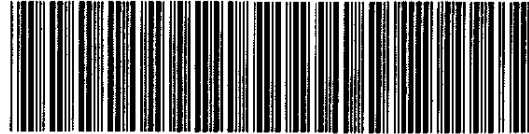
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/04/11--01019--004 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 4 PM 1:38

RS 8/5/11

COVER LETTER

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

SUBJECT: JMC Distributors, 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: John McCrohan

Name (Printed or typed)

127 3rd Street

Address

Bonita Springs, Florida 34134

City, State & Zip

(239) 947-6262

Daytime Telephone number

jmc distributors@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME JMC Distributors, Inc.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

Principal street address
127 3rd Street
Bonita Springs, Fl. 34134

Mailing address, if different is:
P.O.Box 353
Bonita Springs, Fl. 34133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Product resale

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>John McCrohan - President</u>	Name and Title: _____
Address: <u>127 3rd Street</u>	Address: _____
<u>Bonita Springs, Fl. 34134</u>	_____
_____	_____

Name and Title: <u>Cheryl Lewandowski</u>	Name and Title: _____
Address: <u>127 3rd Street</u>	Address: _____
<u>Bonita Springs, Fl. 34134</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John McCrohan
Address: 127 3rd Street
Bonita Springs, Fl. 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John McCrohan
Address: 127 3rd Street
Bonita Springs, Fl. 34134

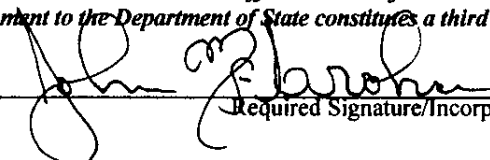
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

08-01-11
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.



Required Signature/Incorporator

08-01-11
Date