

P11000071220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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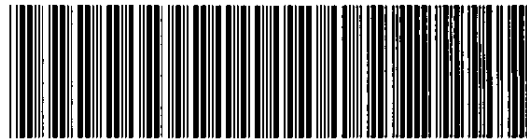
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 Burch AUG 9 2011

COVER LETTER

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

SUBJECT: Jade Lizard Technologies, 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: James Caldwell

Name (Printed or typed)

10075 Vintage Place

Address

Parkland, FL 33076

City, State & Zip

954-661-6439

Daytime Telephone number

jim.caldwell.99@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)

ARTICLE I NAME

The name of the corporation shall be: Jade Lizard Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9175 NW 49 Court
Coral Springs, FL 33067

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To develop, market, and promote software for computers and mobile devices.

ARTICLE IV SHARES

The number of shares of stock is: 3000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zhongmin Lang
Address: Vice President, Director
6890 NW 116 Ave
Parkland, FL 33076

Name and Title: _____
Address: _____

Name and Title: Larry Toppi
Address: President, Director
9175 NW 49 Court
Coral Springs, FL 33067

Name and Title: _____
Address: _____

Name and Title: James Caldwell
Address: Secretary, Treasurer, Director
10075 Vintage Place
Parkland, FL 33076

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

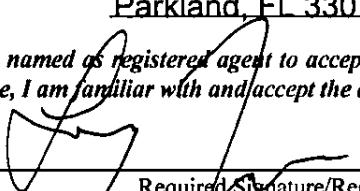
Name: Larry Toppi
Address: 9175 NW 49 Court
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Caldwell
Address: 10075 Vintage Place
Parkland, FL 33076

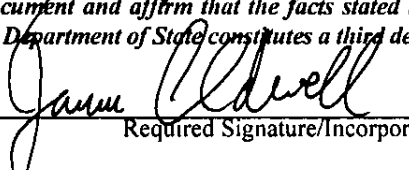
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/25/2011
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

7/25/2011
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA