

P11000075091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

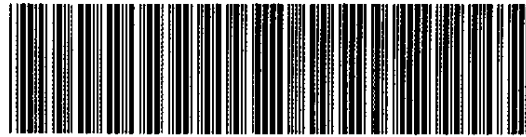
(Document Number)

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

Special Instructions to Filing Officer:

Janice Sabat GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Article VIII.  
DATE \_\_\_\_\_  
DOC EXAM P.S. \_\_\_\_\_

Office Use Only



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08/22/11--01024--005 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 22 PM 1:28

## COVER LETTER

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

SUBJECT: JS Solutions Enterprise, 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: Janice Sabol

Name (Printed or typed)

3656 Eagle Ridge Drive

Address

Jacksonville, FL 32224

City, State & Zip

904-881-7306

Daytime Telephone number

jans175@comcast.net

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**

The name of the corporation shall be: JS Solutions Enterprise, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3656 Eagle Ridge Drive  
Jacksonville, FL 32224

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
printing services, repair services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Joseph Sabol, President  
Address: 3656 Eagle Ridge Drive  
Jacksonville, FL 32224

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

Name and Title: Janice Sabol, Secretary  
Address: 3656 Eagle Ridge Drive  
Jacksonville, FL 32224

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: Janice Sabol  
Address: 3656 Eagle Ridge Drive  
Jacksonville, FL 32224

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Janice Sabol  
Address: 3656 Eagle Ridge Drive  
Jacksonville, FL 32224

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

08.19.11  
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

08.19.11  
Date