

P11000082490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

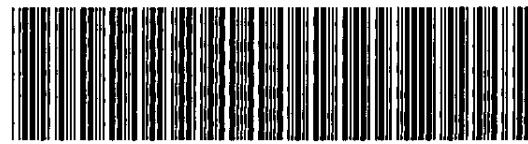
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800211662048

09/02/11--01024--013 **78.75

F I L E D

11 SEP 19 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
9/20

11000082490

COVER LETTER

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

SUBJECT: JDS, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75
Filing Fee
& Certified Copy
 \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JD SORRELLS
Name (Printed or typed)

3212 Hwy 297-A
Address

CANTONMENT, FL 32533
City, State & Zip

850-473-9551
Daytime Telephone number

jd.sorrells@bellsouth.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED

11 SEP 19 AM 11:31

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DIVISION OF CORPORATIONS

September 6, 2011

JD SORRELLS
3212 HWY 297-A
CANTONMENT, FL 32533

SUBJECT: JDS, INC.
Ref. Number: W11000045909

We have received your document for JDS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 911A00020620

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME **BRONVER, INC.**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

3212 HWY 297-A
CANTONMENT, FL 32533

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **WHOLESALE SALES**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: J D SORRELLS - PRES. Name and Title: _____

Address: 3212 HWY 297-A Address: _____

CANTONMENT, FL 32533

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: J D SORRELLS

Address: 3212 HWY 297-A

CANTONMENT, FL 32533

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: J D SORRELLS

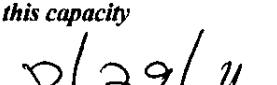
Address: 3212 HWY 297-A

CANTONMENT, FL 32533

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

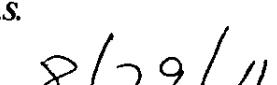


Date

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



Date