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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
5/9/12

COVER LETTER

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

SUBJECT: JB PREMIUM CONSULTING CORP.

(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: Z. JOHN BONILLA

Name (Printed or typed)

9501 SW 29 TERR

Address

MIAMI FL 33165

City, State & Zip

786-217-3015

Daytime Telephone number

ZEROEMAN2000@YAHOO.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

JB PREMIUM CONSULTING CORP.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

9501 SW 29 TERR

MIAMI FL 33165

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO START AN AR & AP CONSULTING SERVICE.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Z JOHN BONILLA

Address: 9501 SW 29 TERR

MIAMI FL 33165

Name and Title:

Address:

Name and Title:

Address:

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: Z JOHN BONILLA

Address: 9501 SW 29 TERR

MIAMI FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Z JOHN BONILLA

Address: 9501 SW 29 TERR

MIAMI FL 33165

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

5/2/2012

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

5/2/2012

Date