

P12000 053520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

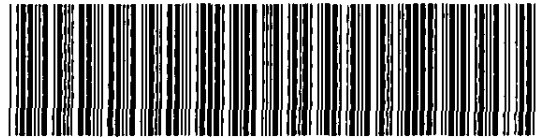
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 JUN 13 PM 1:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee Fl. 32301

Jagmar inc.
Greg Berner
527 Ridge line Run
Longwood Fl. 32750

Attn: Karen Beyer

Hi Karen:

Thank You again for all of your assistance.

Please email me a copy of the new incorporation to *GREG@pickles catering. com* or please fax it to
(407)951- 8665

Thank You again,
Greg Berner

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee Fl. 32301

Jagmar inc.
Greg Berner
527 Ridge line Run
Longwood Fl. 32750

Re: P01 000 114 350

To whom it may concern:

As an officer of Jagmar inc. I am sending this letter to inform the Dept. of State that we will not be looking to re instate our incorporation document P01 000 114 350.

Please note that we hereby release the Name Jagmar inc.

Thank You,
Greg Berner



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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: JagMAR 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: GREG BERNER (R.A.)
Name (Printed or typed)

1891 WEST STATE ROAD 434 1
Address

LONGWOOD FL 32750
City, State & Zip

321 689-1500
Daytime Telephone number

GREG@Pickles catering.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: JAGMAR INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1891 West SR 434
Longwood FL 32750

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS V.P

Name and Title: GREG BERNER PRES. Name and Title: _____
Address: 3205 LAKE George COVE DR Address: _____
ORLANDO FL 32812

Name and Title: Joyce BERNER Sec. Treasurer Name and Title: _____
Address: 527 Ridgeline RUN Address: _____
Longwood FL 32750

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: GREG BERNER
Address: 3205 LAKE George COVE DR
ORLANDO FL 32812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GREG BERNER
Address: 3205 LAKE George COVE DR
ORLANDO FL 32812

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TALLAHASSEE, FLORIDA

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

[Signature]
Required Signature/Registered Agent

6/5/12
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.

[Signature]
Required Signature/Incorporator

6/5/12
Date