## P12000058960

| (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:  Howard Mild war GAVE |  |  |
| AUTHORIZATION BY PHONE TO                                     |  |  |
| CLRRECTEddress  |  |  |
| DATE 73/12  |  |  |
| DOC. EXAM. OLSING FORD  |  |  |
| Office Use Only   |  |  |



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2012

HOWARD MILCHMAN 9900 W SAMPLE RD SUITE 300 CORAL SPRINGS, FL 33065

SUBJECT: JVEL ENTERPRISES, INC.

Ref. Number: W12000033526

We have received your document for JVEL ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Plese put the FULL Principle street address of the Corporation.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 612A00017162

## **COVER LETTER**

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

| SUBJECT: J-VEL ENTERPRISES, INC.                      |  |  |
|---|--|--|
| (PROPOSED CORPORA                                     | TE NAME – <u>MUST INCLUDE SUFFIX</u> )   |  |
| Enclosed are an original and one (1) copy of the arti | cles of incorporation and a check for:   |  |
| \$70.00 \$78.75 Filing Fee & Certificate of Status    | \$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED |  |
| •   |  |  |
| FROM: HOWARD J. MILCHMAN                              | I, ESQUIRE<br>e (Printed or typed)   |  |
| 9900 WEST SAMPLE R                                    | OAD SUITE 300 Address  |  |
| CORAL SPRINGS, FLO                                    | ORIDA 33065<br>State & Zip   |  |
| 954-753-8070  Daytime T                               | elephone number  |  |
| HMMAGHELP@AOL.CO<br>E-mail address: (to be use        | OM<br>d 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:  J-VEL ENTERPRISES   | , INC.   |
|---|--|
| ARTICLE II PRINCIPAL OFFICE  Principal street address 3725 SOUTH OCEAN DRIVE  | Mailing address, if different is:  |
| SUITE 401<br>HOLLYWOOD, FLORIDA 330 65  |  |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  MANUFACTURE LIGHTING   |  |
| ARTICLE IV SHARES The number of shares of stock is:10,000  ARTICLE V INITIAL OFFICERS AND/OR DIRECTO  | RS   |
| Name and Title: JOHN VELELLA Address: 3725 SOUTH OCEAN DRIVE SUITE 401 HOLLYWOOD, FLORIDA 3306  | Name and Title: Address:   |
| Name and Title: Address:  | Name and Title:Address:  |
| Name and Title:Address:   | Name and Title:  Address:  Name and Title:  Name and Titl |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable)  Name: HOWARD J. MILCHMAN  Address: 9900 WEST SAMPLE ROAD #  CORAL SPRINGS, FLORIDA 33 | of the registered agent is:  |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: HOWARD J MILCHMAN  Address: 9900 WEST SAMPLE ROAD #3  CORAL SPRINGS, FLORIDA 33                     | <del></del>  |
| Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as re  | ess for the above stated corporation at the place designated in<br>egistered agent and agree to act in this capacity   |
| Shall   | 06/29/12   |
| Required Signature/Registered Agent   | Date   |
| I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree feld  | ere true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.  |
| CRIOTI- o   | 06/29/12   |
| Required Signature/Incorporator   | Date   |

Required Signature/Incorporator