

P12000060822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

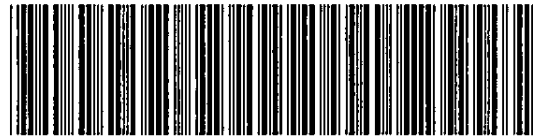
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600237198386

600237198386
07/10/12--01015--014 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 10 PM 2:03

Ps 7/11/12

COVER LETTER

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

SUBJECT: Javonni 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: Brenda Wilcox

Name (Printed or typed)

11524 East US Hwy 92, Suite 300

Address

Seffner, FL 33584

City, State & Zip

813-664-0492

Daytime Telephone number

brenda@fdlawgroup.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Javonni Inc.

12 JUL 10 PM 2:03

ARTICLE II PRINCIPAL OFFICE

Principal street address

11524 East US Hwy 92

Suite 300

Seffner, FL 33584

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Management company

ARTICLE IV SHARES

The number of shares of stock is

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **William Stevens, Director**

Address: **11524 East US Hwy 92**

Suite 300

Seffner, FL 33584

Name and Title:

Address:

Name and Title: **Donna Stevens, Officer**

Address: **11524 East US Hwy 92**

Suite 300

Seffner, FL 33584

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: **William Stevens**

Address: **11524 East US Hwy 92, Suite 300**

Seffner, FL 33584

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **William Stevens**

Address: **11524 East US Hwy 92, Suite 300**

Seffner, FL 33584

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

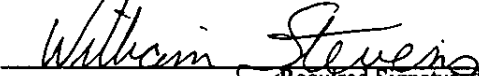


Required Signature/Registered Agent

07/03/12

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.



Required Signature/Incorporator

07/03/12

Date