

P120002218013

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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From: Account Name : DAVID C. HASTINGS, CPA, PA
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12 SEP 10 AM 9:58

DEVELOPMENT

FLORIDA PROFIT/NON PROFIT CORPORATION
JONCO DEVELOPMENT CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Sep. 10. 2012 12:03PM
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9/10/2012 11:57:53 AM PAGE 1/001

No. 5194 P. 1
FAX SERVER



September 10, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAVID C. HASTINGS, CPA, PA

Development

SUBJECT: JONCO ~~DEVELOPMENT~~ CORPORATION
REF: W12000046628

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If you have any further questions concerning your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000221801
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*Thanks for catching that
David*

Sep. 10. 2012 12:03PM

H120002218013

No. 5194 P. 3
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

12 SEP 10 AM 9:58

ARTICLE I NAME JONCO ~~DEVELOPMENT~~ CORPORATION
The name of the corporation shall be: DEVELOPMENT

ARTICLE II PRINCIPAL OFFICE

Principal street address
3485 HIGH BLUFF DR
LARGO, FL 33770

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO OPERATE ANY LEGAL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN MARRA PRESIDENT Name and Title: _____
Address: 3485 HIGH BLUFF DR Address: _____
LARGO, FL 33770

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: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS
Address: 2207 54TH ST S
GULFPORT, FL 33707

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

09/07/2012

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

09/07/2012

Date

H120002218013