

P12000078243

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(City/State/Zip/Phone #)

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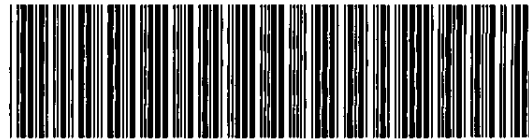
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 13 PM 1:40

9/14/12

COVER LETTER

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

SUBJECT: JADA INNOVATIONS, 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: Jeffry A. Driggers

Name (Printed or typed)

140 12th Avenue North

Address

Safety Harbor, Florida 34695

City, State & Zip

727-452-5076

Daytime Telephone number

Jadainnovations@gmail.com

E-mail address: (to be used for future annual report notification)

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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 JADA INNOVATIONS, INC.
The name of the corporation shall be:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE
Principal street address
140 12th Avenue North
Safety Harbor, Florida 34695

12 SEP 13 PM 1:40
Mailing address, if different is:
30725 US Hwy 19 North
#236
Palm Harbor, Florida 34684

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The design and production of hair accessories.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jeffry A. Driggers, President</u>	Name and Title: <u>Andrew C.D. Anderson, V.P.</u>
Address: <u>140 12th Avenue North</u>	Address: <u>2268 Spanish Vistas Drive</u>
<u>Safety Harbor, Florida 34695</u>	<u>Dunedin, Florida 34698</u>

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: Stephany P. Sanchez, Esquire
Address: 4488 Star Street
St. Petersburg, Florida 33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffry A. Driggers
Address: 140 12th Avenue North
Safety Harbor, Florida 34695

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

SP Sanchez R. Agent
Required Signature/Registered Agent

9-6-12
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

9/6/12
Date