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Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	
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Office Use Only



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TO NOV 13 PM 3-24

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COVER LETTER

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

SUBJECT: ^{J.S} _	RODGERS INC.	15 AND 15	
****	(PROPOSED CORPORA	TE NAME - <u>MUST INCLU</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the an	icles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
	Nam OO N. Ocean Blvd. U	e (Printed or typed)	
		Address	
Oc	ean Ridge, Florida,	33435.	
	City	, State & Zip	
(772)215-2093		
÷ :	Daytime	Telephone number	
	N/A F-mail address: (to be us	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

	* In compliance with Chapter 607 and		Profit FILED
	·	1/01 Chapter 021, 1 .5. 1	12 NOV 13 PM 3: 24
ARTICLE I	NAME		12 1407 13 PM 3: 24
The name of the	corporation shall be: J.S.RODGERS INC	•	SECRETARY OF SILL
ARTICLE II	PRINCIPAL OFFICE		SECRETARY OF STATE TELLAHASSEE, FLORAM
	Principal <u>street</u> address	· Mail	ing address, if different is:
	6600 N Opport Blood State 5	6600 N	
	6600 N. Ocean Blvd.Unit 5 Ocean Ridge, Florida 33435		. Ocean Blvd Unit 5 Ridge,Florida 33435
	- <i>,</i>	wean_	riuge, riotiua 33435.
ARTICLE III			
The purpose for	which the corporation is organized is:		
Cable Co	nsulting work.		
ARTICLE IV	SHARES		
	ares of stock is: 500 shares of 1.0	o each	
ADTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	20	
Address:	Title: John S. Rodgers(Preside) 6600 N. Ocean Blvd.U-5	Address:	N/A
	Ocean Ridge, Fl. 33435		
Name and T	Fitle:	Name and Title:	
Address:	N/A	Address:	N/A
*************	- N/A		
Name and I	Fitle:	Name and Title:	
Address:	Fitle:	Address:	n/a
ADTICI E UI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is	:
	John S.Rodgers	_	
Address:	66 <u>00 N.Ocean Blvd Unit 5</u>		
	Ocean Ridge,Fl.33435	_	
ARTICLE VII	INCORPORATOR		
	Idress of the Incorporator is:		
Name:	John S. Rodgers	_	
Address:	6600 N. Ocean Blvd Unit 5 Ocean Ridge, Fl. 33435	_	
,	occan Riage, 11. 33433	_	
Having been nan	ned as registered agent to accept service of proces	s for the above stated o	corporation at the place designated in
	am familiar with and accept the appointment as re		
	1/02/1		
<i>\</i>	-pm S. Coopers		November 9,2012
0	Required Signature/Registered Agent		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

November 9.2012

Date