P1200009552a

(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:				
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SECRETARY OF SPATE SECRETARY OF SPATE

COVER LETTER

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

SUBJECT: JPR 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	Copy cate of	-
FROM: John P Romanov Name (Printed or typed)		
242 SE 2nd street Address	- 12	<u> </u>
Cape Coral, Fl 33990 City, State & Zip		
239-940-1704 Daytime Telephone number	P# 3: 42	Y OF S FATI
miller964@gmail.com E-mail address: (to be used for future annual report notification)	_ ~	SHO

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



12 NOV 15 AM 10: 22

FLORIDA DEPARTMENT OF STATE TALLAR FISHE FLORIDA Division of Corporations

October 26, 2012

JOHN P ROMANOV 242 SE 2ND STREET CAPE CORAL, FL 33990

SUBJECT: JPR INNOVATIONS INC.

Ref. Number: W12000054963

We have received your document for JPR INNOVATIONS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the corporation in Article I.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 512A00026346

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SECKLIKAY OF STATE NYISTA OF CORPUBATIONS

ARTICLES OF INCORPORATION

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

ADOTOL D.	' ara term	and/of Chapter 021, P.S.	FIGEU SECRETARY OF 8 TATE
ARTICLE I The name of the	corporation shall be: JPR INNOVATION	ONS INC.	NVISION OF CORPORATIONS
ARTICLE II	PRINCIPAL OFFICE		12 NOV 15 PM 3: 42
	Principal street address	Mail	ing address, if different is:
	242 se 2nd st.		
	Cape Coral, Fl 33990		
ARTICLE III	P <u>URPOSE</u>		
The purpose for	which the corporation is organized is:	•	
ARTICLE IV			
The number of sh	hares of stock is: 100	,	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS	
	Title: John P Romanov, Pres	Name and Title:	
Address:	242 se 2nd st.	Address:	
	Cape Coral, Fl 33990		
Name and	Title: Jason W. Romanov, VP	Name and Title:	
Address:	242 SE 2nd street	Address:	
	Cape Coral, Fl 33990	¬	
		<u> </u>	
Name and	Title:	Name and Title:	
Address:		Address:	
	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable		
Name:	John P. Romanov		
Address:	242 se 2nd st Cape Coral, Fl. 33990	 _	
	•		
ARTICLE VII			
	ddress of the Incorporator is:		
Name: Address:	John P. Romanov		
Audress.	242 se 2nd st Cape Coral, Fl. 33990		
			
	med as registered agent to accept service of pro		
this certificate, I	am familiar with and accept the appointment as	registered agent and agree	e to act in this capacity
\checkmark	8/x8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	n /	10/10/10
			10/10/12
}	Required Signature/Registered Agent		Date /
	cument and affirm that the facts stated herein		
document to the	Department of State constitutes a third degree fe	elony as provided for in s.8	17.155, F.S.
	Started Leh		10/10/12
	Required Signature/Incorporator		/ Date /