## P 200098910

(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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Office Use Only



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12/03/12--01046--028 \*\*70.00

DIVISION OF CORPORATION

Ps , 2/4/12

## **COVER LETTER**

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

SUBJECT: JP ,	JAMISON INC.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
<sub>FROM:</sub> K	im Jamison		
	Nam	e (Printed or typed)	
13	303 Highway AIA U	Jnit 602, PO Bo	x 372309
		Address	
Sa	atellite Beach, Fl	orida 32937	
	City,	State & Zip	

309-824-8866

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

Daytime Telephone number

res00vgw@gmail.com

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF INCORPORATION

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

3

ARTICLE I A	IAME	-	-	or Chapter 021,	r.s. (Front)	12 DEC -3	AM	9: 5	
The name of the corp	oration shall be	. JP JAMI	2011 INC	<i>,</i> .					
130	PRINCIPAL OFFICE Principal street address 1303 Highway AIA Unit 602			Mailing address, if different is:					
	elilte Beach Florida	orida 32937 Satellite Beach Fiorida 32937							
ARTICLE III PI		ion is organized i	is: Agricultur	e Risk Cons	ultants				
ARTICLE IV S The number of shares	HARES of stock is: 1	000							
		CERS AND/O	R DIRECTOR		1 II <b>N</b>				
Name and Title Address:	1303 Highway Al			Name and Title Address:	Jan Jamison, Secr 1303 Highway AlA				
Address:	Satellite Beach Fi	<del></del>		_ Address:	Satellite Beach Flo	·			
				<del>-</del>					
Name and Title	: Kim Jamison, Dire	ctor		Name and Title	Jan Jamison, Direc	cior			
Address:				Address:	1303 Highway AIA,				
					Satellite Beach Flo	rida 32937			
Name and Title		<del></del>		Name and Title					
Address:				Address:					
				• -					
	EGISTERED								
The name and Florid		85 (P.O. Box <b>NO</b>	T acceptable) of	the registered ag	ent is:				
Name:	Jan Jamison	144 14-19 600							
Address:	1303 Highway / Satellite Beach	<del></del>		•					
ARTICLE VII IN	CORPORAT	M P		•					
The name and addre									
Name:	Kim Jamison	Orator is:							
Address:	1303 Highway AIA, Unit 602								
Auus caa.	Satellite Beach			•					
Having been named of this certificates Tam f							gnated i	n	
( )	()	\			<b>~</b>	1.1	١ _		
	au'	tama	_			11/28	112	_	
t	Required	signature/Registe	ered Agent		_	Date	1		

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