

P12000 100023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

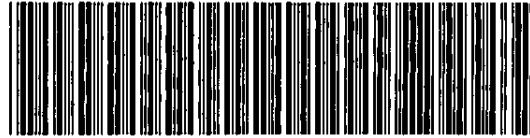
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Cheryl Tenhouve* **GAVE**  
AUTHORIZATION BY PHONE TO  
CORRECT *Articles III + IV*  
DATE *12/7/12*  
DOC. BY *MRB*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*MRB*  
*12/7/12*

107 10881

## COVER LETTER

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

SUBJECT: JOHN JOKI-PESOLA GENERAL CONTRACTOR 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: JOHN JOKI-PESOLA  
Name (Printed or typed)

1602 7 89TH PLACE NORTH  
Address

LOXAHATCHEE FLORIDA 33470  
City, State & Zip

561-768-1511  
Daytime Telephone number

JOHN.PEPSI@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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**

The name of the corporation shall be: JOHN JOKI-PESOLA GENERAL CONTRACTOR INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16027 89TH PLACE NORTH  
LOXAHATCHEE FLORIDA 33470

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: GENERAL CONSTRUCTION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOHN JOKI-PESOLA  
Address: 16027 89TH PLACE NORTH  
LOXAHATCHEE FLORIDA 33470

Name and Title: PRESIDENT  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOHN JOKI-PESOLA  
Address: 16027 89TH PLACE NORTH  
LOXAHATCHEE FLORIDA 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN JOKI-PESOLA  
Address: 16027 89TH PLACE NORTH  
LOXAHATCHEE FLORIDA 33470

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

John Joki-Pesola  
Required Signature/Registered Agent

11.30.2012  
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.

John Joki-Pesola  
Required Signature/Incorporator

11.30.2012  
Date

FILED  
12 DEC -6 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA