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(Requestor's Name)

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(City/State/Zip/Phone #)

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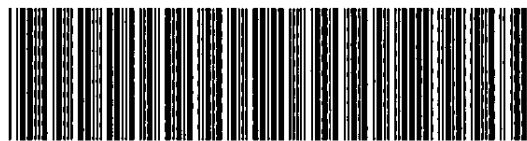
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

11/2

COVER LETTER

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

SUBJECT: **JWMP Consulting Engineers, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **JWMP Consulting Engineers, Inc.**

Name (Printed or typed)

820 North County Highway 393

Address

Santa Rosa Beach, FL 32459

City, State & Zip

678.758.4933 or 850.517.7749

Daytime Telephone number

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: **JWMP Consulting Engineers, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
820 North County Highway 393
Santa Rosa Beach, FL 32459

Mailing address, if different is:

P. O. Box 4728
Seaside, FL 32459

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Structural Engineering Consulting

ARTICLE IV SHARES

The number of shares of stock is: **1000 @ \$.01**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel A. Pena

Address: President
200 Sandestin Lane, Apt. 1405
Miramar Beach, FL 32550

Name and Title: _____

Address: _____

Name and Title: Jesse A. Wallace

Address: Vice President
820 N. County Highway 393
Santa Rosa Beach, FL 32459

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: Miguel A. Pena
Address: 200 Sandestin Lane, Apt. 1405
Miramar Beach, FL 32550

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miguel A. Pena
Address: 200 Sandestin Lane, Apt. 1405
Miramar Beach, FL 32550

Article XIII

The date of incorporation shall be **1/2/2013**.

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



Required Signature/Registered Agent

DEC/22/2012
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.



Required Signature/Incorporator

DEC/22/2012
Date

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12 DEC 28 AM 9:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA