## P1300000996)

(Requestor's Name)					
(Address)					
(Address)					
(City)	/State/Zip/Phone	e #)			
PICK-UP	MAIT WAIT	MAIL.			
(Business Entity Name)					
(Doc	ument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only

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## COVER LETTER

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

<sub>SUBJECT:</sub> Jens	sen Beach Book	Exchange, In	ic.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)	
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	l 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 CO	PY REQUIRED	
FROM: JO	ohn Keeler	e (Printed or typed)		
20	•			
28	17 Tuscany Cou	Address		
Pa	alm Beach Garde	ens, FI 33410		
	•	State & Zip		
<u>56</u>	31-707 <b>-</b> 4872		- Later - American	
Daytime Telephone number				

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

jackreleek@gmail.com

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2013

JOHN KEELER 2917 TUSCANY COURT, UNIT 302 PALM BEACH GARDENS, FL 33410

SUBJECT: JENSEN BEACH BOOK EXCHANGE, INC.

Ref. Number: W13000003696

We have received your document for JENSEN BEACH BOOK EXCHANGE, 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):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 613A00001456

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

	RINCIPAL OFFICE Principal street address	Mailing a	address, if different is:
2311 NW Federal Highway, Jensen Beach, Fl 34994			
ensen bea	UI, FI 34554		A STATE OF THE STA
RTICLE III P	VIDDOSE		30 PH
he purpose for which	th the corporation is organized is:	Sales	77
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RTICLE IV S	HARES 100		
	NITIAL OFFICERS AND/OR DIRECTO		
<b>RTICLE V</b> II	NITIAL OFFICERS AND/OR DIRECTOR Title: John Keeler President	Name and Title:	
RTICLE V II	NITIAL OFFICERS AND/OR DIRECTOR itle: John Keeler President 2917 Tuscany Ct, 302		
<b>RTICLE V</b> II	NITIAL OFFICERS AND/OR DIRECTOR itle: John Keeler President 2917 Tuscany Ct, 302 Palm Beach Gardens,	Name and Title:	
<b>RTICLE V</b> II	NITIAL OFFICERS AND/OR DIRECTOR itle: John Keeler President 2917 Tuscany Ct, 302	Name and Title:	
<b>RTICLE V</b> Name and T  Address	Palm Beach Gardens, FI, 33410	Name and Title: Address:	
Name and T Address  Name and Ti	Palm Beach Gardens, FI, 33410	Name and Title:  Address:  Name and Title:	
<b>RTICLE V</b> Name and T  Address	Palm Beach Gardens, FI, 33410  Kerri Ann Stephens VP	Name and Title: Address:	
Name and T Address  Name and Ti	Palm Beach Gardens, FI, 33410  Kerri Ann Stephens VP 43 Vistaview Cove	Name and Title:  Address:  Name and Title:	
Name and T Address  Name and Ti Address	Palm Beach Gardens, FI, 33410  Kerri Ann Stephens VP 43 Vistaview Cove Jackson, Tn 38305	Name and Title:  Address:  Name and Title:  Address:	
Name and T Address  Name and Ti Address	Palm Beach Gardens, FI, 33410  Kerri Ann Stephens VP 43 Vistaview Cove	Name and Title:  Address:  Name and Title:  Address:	

Name and	Title: 1	Name and Title:	1
Address		Address:	
		<del></del>	
			AC G
ADTICLE W	DECIGREDED ACENT		
ARTICLE VI The name and Flo	REGISTERED AGENT  rida street address (P.O. Box NOT acceptable) of the	ne registered agent is:	3 8 F
Name:	John Keeler		AG P III
Address:	2917 Tuscany Ct, 302		ELON :
	Palm Beach Gardens, Fl 33410		
ARTICLE VII The name and add Name: Address:	INCORPORATOR  Iress of the Incorporator is: A THE SOME KEELER  2917 TUSCHIY CT #3  PALM BEACK CAKDENS, 7/2	7 	
Having been nam this certificate, I a	ed as registered agent to accept service of process for familiar with and accept the appointment as register.	or the above stated c tered agent and agre	orporation at the place designated in e to act in this capacity
	Jan Land		1-14-5013
	Required Signature/Registered Agent		Date
I submit this docu document to the D	ment and affirm that the facts stated herein are tri epartment of State constitutes a third degree felony o	ie. I am aware that as provided for in s.8	the false information submitted in a 17.155, F.S.
	Required Signature/Incorporator	<del></del>	Date