## P1300013176

(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:				

Office Use Only



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13 FEB -7 PH 12: 4:
ECNETARY OF STATE
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MRD/13

## **COVER LETTER**

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

SUBJECT: JOC	Gi Installations, In		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	icles of incorporation and	d 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: A	Amy Guenther	(Printed or typed)	
1	2253 Gray Birch	Cir	
	,	Address	
C	Orlando, FL 32832	2	
_	City,	State & Zip	· · · · · ·
4	07-404-1011		
		elephone number	
<u>n</u>	nahidg@aol.com E-mail address: (to be use	d for future ennuel reserve	notification
	E-man address. (10 De use	a for future annual report	nouncation)

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)

<u> IRTICLE I</u>	NAME In Cit Installation	no Ino	ILED
he name of the	corporation shall be: JoGi Installation	ns, inc	13 FEB -7 PH 12: 4
TICLE II	PRINCIPAL OFFICE		PM 12: 1
	Principal street address	Mailir	ng address if differentis
•	12253 Gray Birch Cir	*******	TALLAHASSE UF STATE
	Orlando, FL 32832		ng address of Chiterathris OF STATE
RTICLE III	PURPOSE		
e purpose for	which the corporation is organized is: To inst	all fixtures and graph	nics.
RTICLE IV	<b>CLIADIC</b>		
e number of sh	nares of stock is: 100		
c number of si	inics of stock is.	•	
RTICLE V	INITIAL OFFICERS AND/OR DIRECT		
	Title: Amy Guenther, President		
Address:	12253 Gray Birch Cir	Address:	
	Orlando, FL 32832	<del></del>	
	-		
Name and	Title:	Name and Title:	
Address:		Address:	
	****		
Name and	Title:	Name and Title:	
Address:		Address:	
			-P
		<del></del>	
RTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Amy Guenther	<u>.                                    </u>	
Address:	12253 Gray Birch Cir		
	Orlando, FL 32832		
TIOI P VIII	INCODDODATOD		
	INCORPORATOR Idress of the Incorporator is:		
Name:	Amy Guenther		
Address:	12253 Gray Birch Cir	<del></del>	
	Orlando, FL 32832	<del></del>	
ving been nan	ned as registered agent to accept service of proc	cess for the above stated co	rporation at the place designated in
certificate, I d	am familiar with and accept the appointment as	registered agent and agree	to act in this capacity
	0 14		
			12/12/12
	Required Signature/Registered Agent	<del></del>	Date
iomii this doc	ument and affirm that the facts stated herein of	re true. I am aware that the	he false information submitted in a
ument to the 1	Department of State constitutes a third degree fe	nony as proviaea for in s.81	/.155, F.S.
	~ ~ ~ KA		
<del> </del>	2		12/12/12
	Required Signature/Incorporator		Date