

P13000013558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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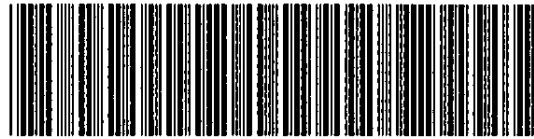
(Business Entity Name)

(Document Number)

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

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FILED  
12 FEB - 8 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
2/11/13

## COVER LETTER

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

**SUBJECT: Jayen Solutions, 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: **Jack H Seelye**

Name (Printed or typed)

**809 Freedom Plaza Circle Apt 203**

Address

**Sun City Center, FL 33573**

City, State & Zip

**(813) 634-7811**

Daytime Telephone number

**jseelye@tampabay.rr.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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: Jayen Solutions, Inc

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

809 Freedom Plaza Circle Apt 203

Sun City Center, FL 33573

Mailing address: 809 Freedom Plaza Circle Apt 203  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: E-commerce: Online products and services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jack H Seelye Director

Address: 809 Freedom Plaza Circle Apt 203  
Sun City Center, FL 33573

Name and Title: Nancy Alguire Director

Address: 1703 Pebble Beach Blvd, S.  
Sun City Center, FL 33573

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

FILED

Name and Title: \_\_\_\_\_ Name and Title: 12 FEB -8 AM 9:46  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jack H Seelye  
Address: 809 Freedom Plaza Circle Apt 203  
Sun City Center, FL 33573

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jack H Seelye  
Address: 809 Freedom Plaza Circle Apt 203  
Sun City Center, FL 33573

*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*

Jack H Seelye  
Required Signature/Registered Agent

Feb 2, 2013  
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.*

Jack H Seelye  
Required Signature/Incorporator

Feb 2, 2013  
Date