

P13000023925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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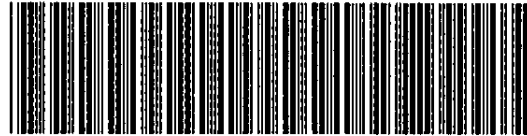
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT: JKLM SRQ Corporation**

(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: Kenneth Goldberg**

Name (Printed or typed)

**4079 Las Palmas Way**

Address

**Sarasota, FL 34238**

City, State & Zip

**941-925-0507**

Daytime Telephone number

**kg\_one@verizon.net**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: JKLM SRQ Corporation

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4079 Las Palmas Way

Sarasota, FL 34238

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: consulting and all legal business purposes  
under the laws of the State of Florida and the United States of America.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Kenneth Goldberg

Name and Title: Marjorie Goldberg

Address: President & CEO

Address: Secretary

4079 Las Palmas Way

4079 Las Palmas Way

Sarasota, FL 34238

Sarasota, FL 34238

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

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

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

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

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

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

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

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

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TALLAHASSEE FLORIDA

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(conti.)

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

**ARTICLE VI REGISTERED AGENT**

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


Name: Thomas V. Pellegrino  
Address: 1800 Second St. #880  
Sarsota, FL 34236

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kenneth Goldberg  
Address: 4079 Las Palmas Way  
Sarasota, FL 34238

*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

3-12-13  
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

3-12-13  
Date

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