

P13000076385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

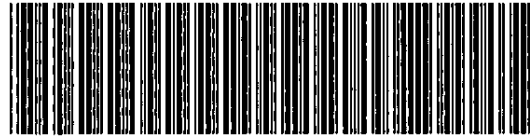
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900247017259

04/22/13--01022--021 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR 22 AM 10:30

FILED

J. Stivers APR 22 2013

COVER LETTER

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

SUBJECT: J. Willette Enterprises 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: JASON Willette
Name (Printed or typed)

2413 SW PAGE CIRCLE
Address

PORT SAINT LUCIE FLORIDA 34953
City, State & Zip

772-337-7500
Daytime Telephone number

STORE 3294 @ THE UPS STORE.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR 22 AM 10:30

FILED

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: J. Willette Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10380 SW Village Center DR
Port Saint Lucie, Florida 34987

2413 SW PAGE CIRCLE
Port Saint Lucie, Florida 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide business services such as packing, shipping, mailboxes, printing and other services. Any AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

FILED
13 APR 22 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Willette/President
Address: 2413 SW PAGE CIRCLE
Port Saint Lucie, Florida 34953

Name and Title: Jill Willette/Vice President
Address: 2413 SW PAGE CIRCLE
Port Saint Lucie, Florida 34953

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: Jason Willette
 Address: 2413 SW PAGE CIRCLE
Port Saint Lucie, Florida 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jason Willette
 Address: 2413 SW PAGE CIRCLE
Port Saint Lucie, Florida 34953

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 APR 22 AM 10:30

FILED

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 4/18/2013
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.

 Required Signature/Incorporator 4/18/2013
Date