

P13000065914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

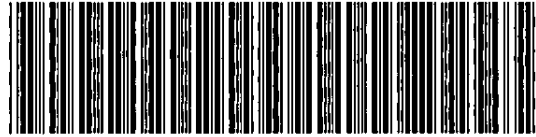
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/12/13--01002--020 **87.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 AUG 12 AM 11:56
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 AUG 12 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/12/13

COVER LETTER

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

SUBJECT: JG and M Consulting and Training Group, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Gary Paul

Name (Printed or typed)

217 Bragg Dr.

Address

Tallahassee, FL 32305

City, State & Zip

850-576-5596

Daytime Telephone number

garytal3@comcast.net

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)

ARTICLE I NAME

The name of the corporation shall be: JG and M Consulting and Training Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

217 Bragg Dr., Tlh, FL 32305

Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide consulting, training, organizing, and
liaise services.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Paul

Name and Title: President and Ceo

Address 217 Bragg Dr.

Address: _____

Tallahassee, Fl 32305

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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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:

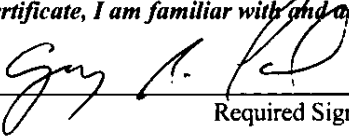
Name: Gary Paul
Address: 217 Bragg Dr.
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

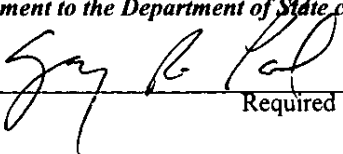
Name: Gary Paul
Address: 217 Bragg Dr.
Tallahassee, FL 32305

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

August 12, 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

August 12, 2013
Date