

P13000073868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

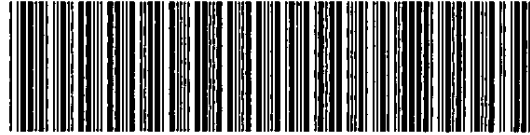
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

P's 9/10/13  
W13-46124



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2013

GLENN R LUISI  
690 LANGTREE RD  
MOORESVILLE, NC 28117

SUBJECT: JMS ENTERPRISES, INC.  
Ref. Number: W13000046124

We have received your document for JMS ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 713A00019769

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## COVER LETTER

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

SUBJECT: **JMS 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: **GLENN R. LUISI**

Name (Printed or typed)

**690 LANGTREE ROAD**

Address

**MOORESVILLE, NC 28117**

City, State & Zip

**704-895-0626**

Daytime Telephone number

**grluisi\_pa@bellsouth.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**    JMS ENTERPRISES OF PALM BEACH, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address    Mailing address, if different is:

3234 HARRINGTON DRIVE  
BOCA RATON, FL 33496

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is: The corporation may transact any and all  
lawful business for which corporations may be incorporated under the  
Laws of the State of Florida.

**ARTICLE IV    SHARES**    1,000 SHARES  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: <u>JOSHUA M. SILVERMAN - PRESIDENT</u>	Name and Title: _____
Address: <u>3234 HARRINGTON DRIVE</u>	Address: _____
<u>BOCA RATON, FL 33496</u>	_____
_____	_____

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

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

FILED  
13 SEP -4 AM 8:26  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED

Name and Title: \_\_\_\_\_ Name and Title: 13 SEP -4 AM 8:26  
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: JOSHUA M. SILVERMAN  
Address: 3234 HARRINGTON DRIVE  
BOCA RATON, FL 33496

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSHUA M. SILVERMAN  
Address: 3234 HARRINGTON DRIVE  
BOCA RATON, FL 33496

*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

✓ 8/29/13  
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

✓ 8/29/13  
Date