

P13000079196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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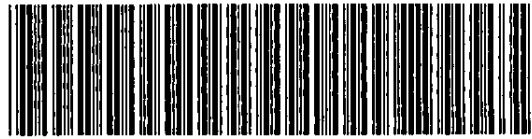
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
13 SEP 23 PM 1:56

Ps 9/25/13

COVER LETTER

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

SUBJECT: **JPB OF LAKE PLACID, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

(JACKIE PAST BRAY)

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: **JACKIE BRAY**

Name (Printed or typed)

3051 LAKE JUNE BLVD

Address

LAKE PLACID, FL 33852

City, State & Zip

863-441-3379

Daytime Telephone number

michaelq5@live.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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

JPB OF LAKE PLACID INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

**3051 LAKE JUNE BLVD
LAKE PLACID, FL 33852**

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORAITON

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JACKIE BRAY- PRES**

Address: **3051 LAKE JUNE BLVD
LAKE PLACID, FL 33852**

Name and Title: **PAT BRAY- V PRES**

Address: **3051 LAKE JUNE BLVD
LAKE PLACID, FL 33852**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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ARTICLE VI REGISTERED AGENT

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

Name: JACKIE BRAY
Address: 3051 LAKE JUNE BLVD
LAKE PLACID, FL 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JACKIE BRAY
Address: 3051 LAKE JUNE BLVD
LAKE PLACID, FL 33852

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

Jackie Bray
Required Signature/Registered Agent

9/11/13
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.

Jackie Bray
Required Signature/Incorporator

9/11/13
Date