## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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### FLORIDA PROFIT/NON PROFIT CORPORATION JR Boxes Inc.

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |



#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JR Boxes Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9252 Cove Point Circle Boynton Beach, FL 33472

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Houten Farhangi 9252 Cove Point Circle Boynton Beach, FL 33472

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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#### ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Houtan Farhangi - President/Director 9252 Cove Point Circle, Boynton Beach, FL 33472

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Houtan Farhangi 9252 Cove Point Circle, Boynton Beach, FL 33472

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of <u>January</u> 20 14

Houtan Farhangi

Signature

1. The name of the corporation is: JR Boxes Inc.

SECRETARY OF STATE

2014 JAN43030184481: 33

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

| 2. The name and address of the registered agent and office  | e is:   |  |  |
|---|---|--|--|
| Houtan Farh   | angi  |  |  |
|   | Name  |  |  |
| 9252 Cove P   | oint Circle   |  |  |
| (P.O. I   | Box or Mail Drop Box NOT Acceptable)                |  |  |
| Boynton Bea   | ch. FL 33472  |  |  |
|   | (City / State / Zip)                                |  |  |
| corporation at the place designated in this certificate agent and agree to act in this capacity. I further agree relating to the proper and complete performance of n obligations of my position as registered agent. | e to comply with the provisions of all the statutes |  |  |
| Houten Farhangi<br>SIGNATURE  | 01/16/2014<br>(Date)                                |  |  |