

P14000010123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

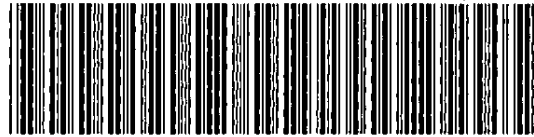
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/05/14--01001--001 **70.00

RECEIVED
14 JAN 35 PM 3:39
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
14 FEB -4 PM 3:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: _____

JE'AMOR
(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: _____

Detreelia Dempo

Name (Printed or typed)

2300 bluff oak way #6106

Address

Tallahassee FL 32311

City, State & Zip

850.567.4980

Daytime Telephone number

info@jeamor.com

E-mail address (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

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: JE'AMOR, INC 14 FEB -4 PM 3:49

ARTICLE II PRINCIPAL OFFICE

Principal street address

MAILING ADDRESS, IF DIFFERENT IS: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2300 bluff oak #6104
Tallahassee FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: women's retail

ARTICLE IV SHARES

The number of shares of stock is: 01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED (cont.)

14 FEB -4 PM 3:49

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

DEPARTMENT 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: Detreecia Demp
Address: 2300 bluff oak way #6106
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Detreecia Demp
Address: 2300 bluff oak way #6106
Tallahassee, FL 32301

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

Detreecia Demp
Required Signature/Registered Agent

02/04/2014
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.

Detreecia Demp
Required Signature/Incorporator

02/04/2014
Date