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SECRETARY OF STATE

## **COVER LETTER**

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

SUBJECT: Jago	gedPoint, Inc.	ΓΕ NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: St	tephen Cogswell	(Printed or typed)	
47	'30 NW 121 Ave		
Ce	oral Springs, FL	Address 33076 State & Zip	
95	54-796-2288	elephone number	

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

Steve@tycosearch.com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	Principal street address	Mailin	g address, if different is:
30 NW 121 oral Springs	s, FL 33076		
TICLE III PUR purpose for which	RPOSE the corporation is organized is: Sell clot	ning, accesso	ries and other iten
••••			
	TIAL OFFICERS AND/OR DIRECTORS	_	14 JAN SECRE TALLAH
TICLE V IN	TIAL OFFICERS AND/OR DIRECTORS le: Stephen Cogswell - President 4730 NW 121 Ave	_	14 JAN 31 P SECRETARIO
TICLE V IN	TIAL OFFICERS AND/OR DIRECTORS	Name and Title:	<i>δ</i>
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTORS le: Stephen Cogswell - President 4730 NW 121 Ave	Name and Title: Address:	31 PH 3: 45
Name and Tit Address	Stephen Cogswell - President 4730 NW 121 Ave Coral Springs, FL 33076	Name and Title:  Address:  Name and Title:  Address:	31 PH 3: 45
Name and Tit Address  Name and Titl Address	Stephen Cogswell - President  4730 NW 121 Ave  Coral Springs, FL 33076	Name and Title: Address:  Name and Title: Address:	31 PH 3: 45
Name and Tit Address  Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS le: Stephen Cogswell - President 4730 NW 121 Ave Coral Springs, FL 33076	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	31 PH 3: 45

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Stephen Cogswell	
Address:	4730 NW 121 Ave	TAL ₹
	Coral Springs, FL 33076	JAN TAN
ARTICLE VII	INCORPORATOR	SSS 3
The <u>name and ac</u>	Idress of the Incorporator is:	LOR SI
Name:	Stephen Cogswell	PH 3: 45 OF STATE EFFLORIDA
Address:	4730 NW 121 Ave	_
	Coral Springs, FL 33076	-
	med as registered agent to accept service of process am familiar with and accept the appointment as re- Required Signature/Registered Agent	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
I submit this doc	cument 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 felou	y as provided for in s.817.155, F.S.   -27-/4    Date