P14000015086

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



200256432532

02/07/14--01003--023 **70.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: JML	. TECHNOLOGY	, INC	
·	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal 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	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
		(Printed or typed)	
20	74 SEVILLA WA		
N	APLES FL. 3410		
***************************************	City, S	State & Zip	
23	39-595-6142		
	·	elephone number	
Ju	idith.Lenart@GM	IAIL.COM	
•	E-mail address: (to be used	l for future annual report i	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)

RTICLE II PRINCIPAL OF Principal str	eet address	Mailing address, if different is:		
074 SEVILLA WA		<u></u>		
IAPLES FL. 3410	9	-		· · · · · · · · · · · · · · · · · · ·
·				
RTICLE III PURPOSE e purpose for which the corporation	on is organized is: Softwa	are develope	ement and	design
· · · · · · · · · · · · · · · · · · ·				
				···
RTICLE IV SHARES 1				
RTICLE IV SHARES 1 e number of shares of stock is:				
RTICLE V INITIAL OFFIC	CERS AND/OR DIRECTOL	 R <u>s</u>		
		_		
RTICLE V INITIAL OFFICE Name and Title: Judith N		_		
Name and Title: 2074	M. Lenart, Director	Name and Title:		
Name and Title: 2074	M. Lenart, Director Sevilla way	Name and Title:		
Name and Title: 2074	M. Lenart, Director Sevilla way	Name and Title:		
Name and Title: Judith Name Address Naple	M. Lenart, Director Sevilla way	_ Name and Title: Address:		
Name and Title: Name and Title: Address Name and Title: Name and Title:	M. Lenart, Director Sevilla way s Fl. 34109	Name and Title: Address: Name and Title:		14 SE
Name and Title: Name and Title: Address Name and Title: Address Name and Title: Address	M. Lenart, Director Sevilla way s Fl. 34109	Name and Title: Address: Name and Title: Address:		14 FEB
Name and Title: Name and Title: Address Name and Title: Address	M. Lenart, Director Sevilla way s Fl. 34109	Name and Title: Address: Name and Title: Address:		SE SE SE
Name and Title: Name and Title: Address Name and Title: Address	M. Lenart, Director Sevilla way s Fl. 34109	Name and Title: Address: Name and Title: Address:	TALLAN, SSE	14 FEB -7 AM SECRETARY OF
Name and Title: Name and Title: Address Name and Title: Address Name and Title: Address	M. Lenart, Director Sevilla way s Fl. 34109	Name and Title: Address: Name and Title: Address:	TALLAH, SSEE FLO	SECRETARY OF STA

Name and	d Title:	Name and Title:	U.S. LIMITA LANGUAGE BIT THE TENTON OF THE T
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Judith M. Lenart		
Address:	2074 Sevilla Way		
	Naples Fl. 34109		
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Judtih M. Lenart	_	
Address:	2074 Sevilla Way		
	Naples Fl. 34109	_	
Having been nan this certificate, I d	ned as registered agent to accept service of proce am familiar with and accept the appointment as r	ess for the above stated corpor egistered agent and agree to a	ration at the place designated in act in this capacity
	Required Signature/Registered Agent		2/5/2018 Date
I submit this doc	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the f	Calse information submitted in a 55, F.S.
	Required Signature/Incorporator		2/5/2014 Date
			14 FEB -7 SECRETARITALLAHASS