

P1210000 20537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

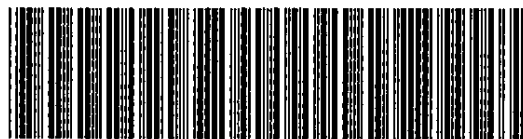
(Document Number)

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14 MAR -5 AM 11:59

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

3-6-14

## COVER LETTER

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

**SUBJECT: J. GOSDEN, INC.**

(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: J. GOSDEN, INC.**

Name (Printed or typed)

**900 OCEAN DRIVE, #707**

Address

**JUNO BEACH, FL 33408**

City, State & Zip

**561-262-1974**

Daytime Telephone number

**JOSEPHINEADAIR@BELLSOUTH.NET**

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)

## ARTICLE I NAME

J. GOSDEN, INC.  
The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
900 OCEAN DRIVE, #707  
JUNO BEACH, FL 33408

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY AND ALL LAWFUL BUSINESS PURPOSES, AND ANY OTHER  
ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES  
AND FLORIDA.

## ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES OF CLASS A STOCK AT \$1.00 PAR VALUE PER SHARE.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPHINE ADAIR, PRESIDENT  
Address: 900 OCEAN DRIVE, #707  
JUNO BEACH, FL 33408

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: JOSEPHINE ADAIR  
Address: 900 OCEAN DRIVE, #707  
JUNO BEACH, FL 33408

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSEPHINE ADAIR  
Address: 900 OCEAN DRIVE, #707  
JUNO BEACH, FL 33408

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:

Josephine Adair  
Required Signature/Registered Agent

2/27/14  
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.

Josephine Adair  
Required Signature/Incorporator

2/27/14  
Date

FILED  
SECRETARY OF STATE  
14 MAR -5 AM 11:59  
DIVISION OF CORPORATIONS