

P14000038251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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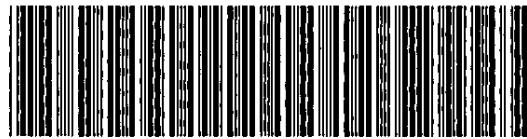
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 30 PM 1:58

COVER LETTER

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

SUBJECT: JAM KIDS APPS, 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: MARK UNGER
Name (Printed or typed)

1512 FARRINGTON CIRCLE
Address

HEATHROW FL 32746
City, State & Zip

407-324-6181
Daytime Telephone number

GJOURAN@GMAIL.COM
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

The name of the corporation shall be: JAM KIDS APPS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

534 W. YALE ST.
ORLANDO, FL
32804

Mailing address, if different is:

1512 FARRINDOX
HEATHROW, FL
32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL
BUSINESS.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK UNGER, CEO

Address: 534 W. YALE ST
ORLANDO, FL 32804

Name and Title: JUSTIN WARDER, COO

Address: 919 18TH ST, APT F.
SANTA MONICA, CA
90403

Name and Title: Alfonso Urdaneta, CTO

Address: P.O. Box 533658
ORLANDO, FL

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont)

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

ARTICLE VI REGISTERED AGENT

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

Name: GAIL JOUBRAU
Address: 1512 FARRINGTON
HEATHROW, FL 32804
32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK UNGER
Address: 534 W. VALE ST.
ORLANDO, FL 32804

FLA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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

Gail Joubrau
Required Signature/Registered Agent

4/25/14
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.

[Signature]
Required Signature/Incorporator

04/26/2014

Date