P14000038278

(Requ	uestor's Name)	
(Addı	ess)	
(Addi	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Rusi	ness Entity Nan	na)
(Dusi	ness Linkly Ivan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
	•	





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COVER LETTER

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

SUBJECT: JKL	T, Incorporated		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	OPY REQUIRED
FROM: Jo	ohali Otero-Math	e (Printed or typed)	
20	0047 Bluff Oak B	lvd	
		Address	
Ta	ampa, FL 33647	State & Zip	
8	13-732-6393		
	Daytime 1	Celephone number	
jo.	.mathews@live.con		
	E-mail address: (to be use	ed for future annual report	notitication)

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 The name of the	NAME corporation shall	JKLT, Incorporate	ed	JIVISION OF BARBOS ATTEN
ARTICLE II	PRINCIPAL			Mailing address, if different # 1:40
20047 Blu	uff Oak Blv	d		
Tampa, F	L 33647			
ARTICLE III The purpose for	PURPOSE which the corpor	ation is organized is: to mak	ke a profit.	
······································				
			 	
ARTICLE IV The number of sl	SHARES A	100		
	_			
ARTICLE V	loha	<i>FICERS AND/OR DIRECTO</i> II Otero-Mathews		Todd Andrew Mathews
Name a	Presi		Name and Title Address:	Vice-President
Addres		7 Bluff Oak Blvd.	Address.	20047 Bluff Oak Blvd.
	Tam	pa, FL 33647		Tampa, FL 33647
Name ai	nd Title: Todd	Andrew Mathews	Name and Title	Todd Andrew Mathews
Addres	Secr	etary	Address:	Treasuer
	2004	7 Bluff Oak Blvd.	**************************************	20047 Bluff Oak Blvd.
	Tam	pa, FL 33647		Tampa, FL 33647
Name a	nd Title:		Name and Title	×
Addres				
				
				MANAGE OF THE PROPERTY OF THE

v	•		JIVISION OF G	,ELD Y BF 《RO2 BRPD推布的。
Name and	l Title:	_ Name and Title:	2014 APR 30	AM I.I.o
Address		Address:		HF 1:40
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		_		
ARTICLE VI	REGISTERED AGENT			
The name and Flo	orida street address (P.O. Box NOT acceptable) o	of the registered age	nt is:	
Name:	Todd A. Mathews	_		
Address:	20047 Bluff Oak Blvd.	_		
	Tampa, FL 33647			
		_		
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Todd A. Mathews			
Address:	20047 Bluff Oak Blvd.	_		
	Tampa, FL 33647			
	ned as registered agent to accept service of proces om fangliar with and accept the appointment as re			
6			Ap	oril 27, 2014
	Required Signature/Registered Agent			Date
I submit this doci document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware ny as provided for i	that the false info n s.817.155, F.S.	ormation submitted in a
			Δ	pril 27, 2014
	Required Signature/Incorporator		<u>-</u>	Date