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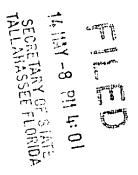
(Requestor's Name)				
(Address)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
. (Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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MAY - 9 2014 J. BRYAN

COVER LETTER

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



SUBJECT: J H Defranço Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

losed are an orig	inal and one (1) copy of the ar	ticles 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 COPY REQUIRED	

ìΜ	James Defranco
) I V I	Name (Printed or typed)
	6675 Severndale St
	Address
	cocoa FL 32927
	City, State & Zip
	321-208-1740
	Daytime Telephone number
	acrunit30@aol.com
	E-mail address: (to be used for future annual report notification)

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

 $e_{1}=-300$

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

	In compliance with Chapter 607 and/o	or Chapter 621, F.S. (Profit)
ARTICLE I NAM	E J H Defranco Inc	
		D. C. L.
	NCIPAL OFFICE Principal street address	Mailing address, if different is?
6675 Severnd	· 	The state of the s
Cocoa FL 329)27	7. S.
· · · · · · · · · · · · · · · · · · ·		
ARTICLE III PURI The purpose for which the	POSE he corporation is organized is: Any la	wful business
	James Defranco President	
Address	6675 Severndale St	Address:
	Cocoa FL 32927	
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		
Addicas		

·			7.5. 12. S.
Name and	Title:	Name and Title:	7,50
Address		Address:	7572 94
			Children of the Children of th
			,
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	James Defranco	,	
Address:	6675 Severndale St		
	Cocoa FL 32927		
	INCORPORATOR ress of the Incorporator is:		
Name:	James Defranco		
Address:	6675 Severndale St		
, , , , , , , , , , , , , , , , , , , ,	Cocoa FL 32927		
this certificate, I and	ad as registered agent to accept service of process of familiar with and accept the appointment as Required Signature/Registered Agent ment and affirm that the facts stated herein to	registered agent and agree to d	act in this capacity 5/6/14 Date
	epartment of State constitutes a third degree for		
/ purice /	Required Signature/Incorporator	 	Date

(conti.)