

P/4000041795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

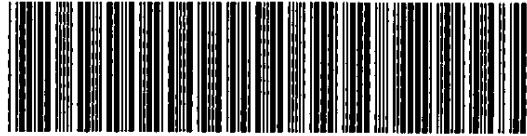
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/14--01015--004 **78.75

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14 MAY -9 PM 1:38
GEORGIA
TALLASSEE, FLORIDA

K 05/12/14

COVER LETTER

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

SUBJECT: J.D. Transitions, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Denise D. Corin

Name (Printed or typed)

5392 N.W. 126th Drive

Address

Coral Springs, Florida 33076

City, State & Zip

(954) 913-3301

Daytime Telephone number

ddc04@ymail.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: J.D. Transitions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5392 N.W. 126th Drive

Coral Springs, Florida 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to provide career counseling and coaching to attorneys, including resume and cover letter revision,
interview preparation, job search strategies, coaching and assessment, and alternative career
counseling, where applicable.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Denise D. Corin, President

Name and Title: _____

Address: 5392 NW 126th Drive

Address: _____

Coral Springs, FL 33076

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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: Denise D. Corin
Address: 5392 NW 126th Drive
Coral Springs, FL 33076

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Denise D. Corin
Address: 5392 NW 126th Drive
Coral Springs, FL 33076

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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


Required Signature/Registered Agent

5/6/2014
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.


Required Signature/Incorporator

5/6/2014
Date