

P/4000041795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

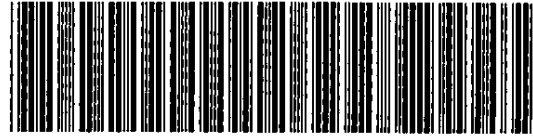
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY -9 PM 1:38

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*π* 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  
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: 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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TALLAHASSEE, 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

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

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

*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*

*Denise D. Corin* 5/6/2014  
 Required Signature/Registered Agent 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.*

*Denise D. Corin* 5/6/2014  
 Required Signature/Incorporator Date