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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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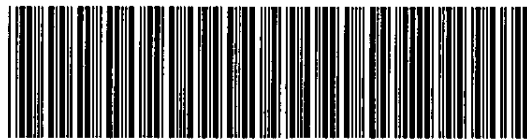
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2014 MAY 16 PM 4:47

VH

## COVER LETTER

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

SUBJECT: JOES BOW 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: JOSEPH JOHN ARMBRUSTER IV  
                    Name (Printed or typed)  
9036 NOTCHWOOD COURT  
                    Address  
ORLANDO, FL, 32825  
                    City, State & Zip  
407 924 6772  
                    Daytime Telephone number  
JOSEPH.ARMBRUSTER@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: Joel Bow Inc.

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OFFICE OF CLERK OF CIRCUIT COURT

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is PH 4:47

9036 NOTCHWOOD COURT

ORLANDO, FLORIDA, 32825

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To promote, manufacture and sell Joel Bow.

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOSEPH ARMBRUSTER, PRESIDENT Name and Title: \_\_\_\_\_

Address 9036 NOTCHWOOD COURT Address: \_\_\_\_\_

ORLANDO, FL, 32825

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DIVISION OF CORPORATE  
2014 MAY 16 PM 4:47

**ARTICLE VI REGISTERED AGENT**

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

Name: JOSEPH ARMBRUSTER  
Address: 9036 NOTCHWOOD COURT,  
ORLANDO, FL, 32825

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSEPH ARMBRUSTER  
Address: 9036 NOTCHWOOD COURT,  
ORLANDO, FL, 32825

*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*

Joseph John Armbruster IV 12 MAY 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.*

Joseph John Armbruster IV 12 MAY 2014  
Required Signature/Incorporator Date