

P 1400004589/

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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14 MAY 23 PM 12:27

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

55-2714

**COVER LETTER**

*original*

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

**SUBJECT:** Atlantic Jolyn 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:** Jennifer Noonan

Name (Printed or typed)

506 NE St

Address

Lake Worth, FL 33460

City, State & Zip

732-546-2541

Daytime Telephone number

Atlanticjolyn@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)

FILED  
CLERK OF THE  
DIVISION OF CORPORATIONS  
14 MAY 23 PM 12:23

**ARTICLE I NAME**

The name of the corporation shall be: Atlantic Jolyn Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

506 N E St

Lake Worth, FL 33460

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawfull business

**ARTICLE IV SHARES** 1000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Jennifer Noonan-President

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

Address 506 NE ST

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

Lake Worth, FL 33460

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Jennifer Noonan  
Address: 506 NE ST  
Lake Worth, FL 33460

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jennifer Noonan  
Address: 506 NE ST  
Lake Worth, FL 33460

*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*

J. Noonan

Required Signature/Registered Agent

05/20/2014

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.*

J. Noonan

Required Signature/Incorporator

05/20/2014

Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro

Copy

**ARTICLE I NAME**

The name of the corporation shall be:

Atlantic Jolyn Inc

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Mailing

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Lake Worth, FL 33460

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**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title: Jennifer Noonan-President

Name and Title:

Address

506 NE ST

Address:

Lake Worth, FL 33460

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
CLERK OF DISTRICT COURT  
14 MAY 23 PM 12:28

(conti.)

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

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J. Noonan 05/20/2014  
Required Signature/Registered Agent Date

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J. Noonan 05/20/2014  
Required Signature/Incorporator Date