

P/40000059002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

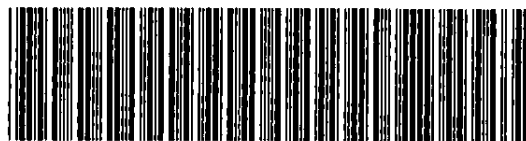
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/29/14

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THE UNIVERSITY OF CHICAGO

COVER LETTER

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

SUBJECT: DRSJRS 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: John R. Schmidt
Name (Printed or typed)
P.O. Box 2574
Address
New Smyrna Beach, Florida 32170
City, State & Zip
(386) 566-1032
Daytime Telephone number
John@beachside-realty.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: DRSJRS Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1403 N. Peninsula Avenue

P.O. Box 2574

New Smyrna Beach, FL 32169

New Smyrna Beach, FL 32170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate activities

17 JUN 23 AM 11:56
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John R. Schmidt/Pres Name and Title: Dale R. Schmidt/Vice Pres

Address 1403 N. Peninsula Ave., Address: 1403 N. Peninsula Ave.,
New Smyrna Bch, FL 32169 New Smyrna Bch, FL 32169

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: John R. Schmidt
Address: 1403 N. Peninsula Avenue
New Smyrna Bch, FL 32169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John R. Schmidt
Address: 1403 N. Peninsula Avenue
New Smyrna Bch, FL 32169

JUN 23 AM 11:56

SECTION 15.0000
DIVISION OF CORPORATE AFFAIRS

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

John R. Schmidt
Required Signature/Registered Agent

June 18, 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.

John R. Schmidt
Required Signature/Incorporator

June 18, 2014
Date

**Article VIII: Request an effective date of incorporation as
of July 1, 2014.**