

P150000001983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

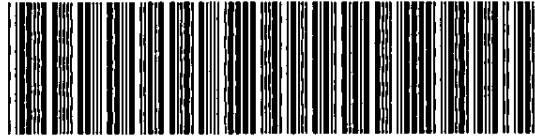
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Certified Copies _____

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15 JAN -8 PH 2:10

DIVISION OF CORPORATIONS

15 JAN -8 PH 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

MD 1/8

COVER LETTER

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

SUBJECT: Just Gimmex Sport Fishing 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: TODD GRAHAM
Name (Printed or typed)
10743 Paced CT
Address
PAY FL 32257
City, State & Zip
904 568 7229
Daytime Telephone number
Graham refrigeration @ 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: Just Gimmeys Sport Fishing Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

10743 Pacer CT

Mailing address, if different is:

same

JACKSONVILLE, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOND GRAHAM Pres. Name and Title: _____

Address 10743 Pacer CT Address: _____

JACKSONVILLE, FL
32257

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(cont.)

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: TOOD GRAHAM
Address: 10743 PACEN CT
JACKSONVILLE, FL 32257

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FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TOOD GRAHAM
Address: 10743 PACEN CT
JACKSONVILLE, FL 32257

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

[Signature]
Required Signature/Registered Agent

1/8/15
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.

[Signature]
Required Signature/Incorporator

1/8/15
Date