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(Address)

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(Business Entity Name)

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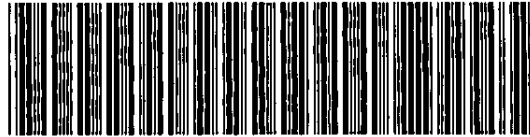
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T. SCOTT



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COVER LETTER

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

SUBJECT: Close With Jeff, 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: Jeffrey Weller
Name (Printed or typed)

13410 Eynon Dr
Address

Jacksonville, FL 32258
City, State & Zip

904-382-3852
Daytime Telephone number

loanapp@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: Close With Jeff, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13410 Eynon Dr

Jacksonville, FL 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mortgage Finance

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Weller - President

Name and Title: _____

Address 13410 Eynon Dr

Address: _____

Jacksonville, FL 32258

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 JAN 14 AM 11:11

(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: Jeffrey Weller
Address: 13410 Eynon Dr
Jacksonville, FL 32258

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey Weller
Address: 13410 Eynon Dr
Jacksonville, FL 32258

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

Required Signature/Registered Agent

1-7-15
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.

Required Signature/Incorporator

1-7-15
Date

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RECEIVED
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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