## P1500010540

| (Requestor's Name)                      |                  |             |  |
|---|------------------|-------------|--|
| (Add                                    | Iress)           |             |  |
| (Add                                    | iress)           |             |  |
| (City                                   | //State/Zip/Phon | e #)        |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |
| (Bus                                    | siness Entity Na | me)         |  |
| (Doc                                    | cument Number    | )           |  |
| Certified Copies                        | Certificate      | s of Status |  |
| Special Instructions to Filing Officer: |                  |             |  |
|   |                  |             |  |
|   |                  |             |  |
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## **COVER LETTER**

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

| SURJECT. Jase           | on Foster Corp.                            |  |  |   |
|-------------------------|--|--|--|---|
| Sobster                 | (PROPOSED CORPORA                          | TE NAME – <u>MUST INCL</u>                         | UDE SUFFIX)  |   |
| Enclosed are an orig    | rinal and one (1) copy of the art          | icles of incorporation and                         | i a check for:   |   |
| □ \$70.00<br>Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |   |
| FROM: Ja                | ason Foster                                | e (Printed or typed)                               |  |   |
| 10                      | 042 10th Ave NV                            | • • •  |  |   |
|                         |  | Address  |  |   |
| Lá                      | argo, FL 33770                             |  | √ <del>2</del> 8 <b>5</b>  |   |
|                         | City,                                      | State & Zip  | A A  |   |
| 72                      | 27-262-3016                                |  | N 26   |   |
|                         | Daytime T                                  | elephone number                                    | mg 1   | Ĺ |

NOTE: Please provide the original and one copy of the articles.

steakfreak1@gmail.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corpor                           | ME Jason Foster C  | orp.                            | FILED                                       |
|--|--|---------------------------------|---|
| ARTICLE II PR                                    | INCIPAL OFFICE Principal street address  | Mailing a                       | 15 JAN 26 AM 8: 16 ddress, if different is: |
| 1042 10th  | Ave NW Apt 4   | waning a                        | SECRETARY OF STATE TAILAHASSEE, FLORIDA     |
| Largo, FL 3                                      |  |                                 | — TAIT SPASSEE, FLORIDA                     |
| ARTICLE III PUT The purpose for which general ma | the corporation is organized is: To cointenance and handyr                             | nduct business<br>nan services. | s performing                                |
|  |  | 1                               |   |
|  | ARES<br>f stock is: 10<br>TIAL OFFICERS AND/OR DIRECTO<br>le: Jason Foster / President | RS  Name and Title:             |   |
| Address  | 1042 10th Ave NW   | Address:                        |   |
|  | Apt 4  |                                 |   |
|  | Largo, FL 33770  |                                 |   |
| Name and Title                                   | »; <u></u>   | Name and Title:                 |   |
| Address  |  | Address:                        |   |
|  |  |                                 |   |
|  |  |                                 |   |
| Name and Title                                   | »:   | Name and Title:                 |   |
| Address  |  | Address:                        |   |
|  |  | <del></del>                     |   |
|  |  |                                 |   |

| Address             |   | _ Address:                             |                |
|---------------------|---|--|----------------|
|                     | <del></del>   |  |                |
|                     |   | <u> </u>                               | <del></del>    |
|                     |   |  |                |
| ARTICLE VI          | REGISTERED AGENT  | o Calon anni anno d'arronne i ar       |                |
| Name:               | lorida street address (P.O. Box NOT acceptable)    Jason Foster | or the registered agent is:            |                |
| Address:            | 1042 10th Ave NW Apt 4  | _                                      |                |
| Address.            | Largo, FL 33770   | -                                      |                |
| ARTICLE VII         | INCORPORATOR  |  |                |
|                     | Idress of the Incorporator is:                                  |  |                |
| Name:               | Jason Foster  |  |                |
| Address:            | 1042 10th Ave NW Apt 4  | _                                      |                |
| V 1.2.2. V.2.2.7    | Largo, FL 33770   | _                                      |                |
|                     | ned as registered agent to accept service of proce              |  |                |
| this certificate, I | am familiar with and accept the appointment as re               |  | · ·            |
|                     | Required Signature/Registered Agent                             | <u> </u>                               | 2.2 15<br>Date |
| Submit this doc     | ument and affirm that the facts stated herein an                | e true. I am aware that the false info | - <del></del>  |
|                     | Department of State constitutes a third degree felo             |  | manur saummu u |
| <u></u>             | ear took  |  | -215           |
|                     | Required Signature/Incorporator                                 |  | Date           |
|                     |   | Ş                                      |                |
|                     |   | i<br>L                                 | -              |
|                     |   | ے<br>ا<br>پن                           |                |

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