

P15000019441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

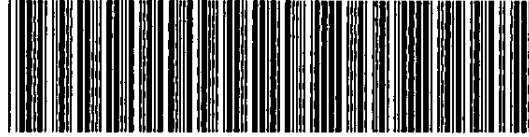
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/27/15--01011--023 **78.75

15 FEB 27 PM 12:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

1/1

COVER LETTER

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

SUBJECT: J&D International Marketing 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: Donna Workman

Name (Printed or typed)

200 Canopy Walk Ln. 232

Address

Palm Coast FL 32137

City, State & Zip

N/A

Daytime Telephone number

donnaworkman1@gmail.com

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

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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: J&D International Marketing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

200 Canopy Walk Ln. 232

Palm Coast FL 32137

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Teaches the concept of advanced security operations

ARTICLE IV SHARES

The number of shares of stock is: 1000 common shares at par value \$.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Workman, President

Name and Title: N/A

Address: 200 Canopy Walk Ln. 232
Palm Coast FL 32137

Address:

Name and Title: Jeff Pennell, Vice President

Name and Title: N/A

Address: 200 Canopy Walk Ln. 232
Palm Coast FL 32137

Address:

Name and Title: N/A

Name and Title: N/A

Address:

Address:

APPROVED
AND
FILED (cont.)

15 FEB 27 PM 12:54

| | |
|----------------------------|----------------------------|
| Name and Title: <u>N/A</u> | Name and Title: <u>N/A</u> |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

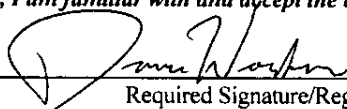
Name: Donna Workman
Address: 200 Canopy Walk Ln. 232
Palm Coast FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

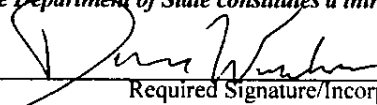
Name: Donna Workman
Address: 200 Canopy Walk Ln. 232
Palm Coast FL 32137

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

2/18/15
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

2/18/15
Date