

P/500019917

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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15 MAR -2 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 3 2015

S. GILBERT

## COVER LETTER

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

SUBJECT: J A A C 4 Corp.  
(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**

Garcia Accounting & Tax Services Inc

FROM: Felix C Garcia  
Name (Printed or typed)

10750 S W 24th Street  
Address

Miami FL 33165  
City, State & Zip

305 551 4959  
Daytime Telephone number

FGarcia Taxes1 @ Bell South . Net  
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: J A A C 4 Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9915 N W 116th Way  
Medley FL 33178

Mailing address, if different is:

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct any kind of legal Business Activities, in the  
Continental United States.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Common Stock ( One dollar par value )

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Abel G Scilingo Pres. Name and Title: \_\_\_\_\_

Address 9915 N W 116th Way Address: \_\_\_\_\_  
Medley FL 33178

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: Abel G Scilingo  
Address: 9915 N W 116th Way  
Medley Fl 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Abel G Scilingo  
Address: 9915 N W 116th Way  
Medley Fl 33178

*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*

Abel G Scilingo

Required Signature/Registered Agent

Feb 17/2015

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.*

Abel G Scilingo

Required Signature/Incorporator

Feb 17/2015

Date