

P15000024882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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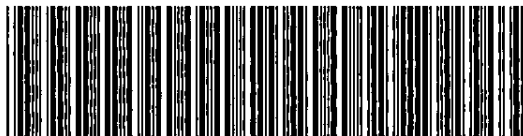
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/02/15--01039--017 **87.50

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15 MAR 13 PM 1:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **J&D LIQUIDATORS 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: **Joshua Edward Adlam**

Name (Printed or typed)

4001 SW Rosser Blvd

Address

Port Saint Lucie Fl. 34953

City, State & Zip

954 336 3644

Daytime Telephone number

malda5376@yahoo.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: J & D LIQUIDATORS Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2001 Orange Avenue

Fort Pierce

Fl.

Mailing address, if different is:

4001 SW Rosser Blvd

Port Saint Lucie

Fl. 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Purchase and resale new and used merchandise
eg. Shoes, Cloths, Handbags, Belts Electrical Irons, Radio, Boomboxes etc.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joshua Adlam President

Address

4001 SW Rosser Blvd

Port Saint Lucie

Fl. 34953

Name and Title: _____

Address: _____

Name and Title: Silroy McPherson V/President

Address

3133 SE Card Terrace

Port Saint Lucie

Fl. 34984

Name and Title: _____

Address: _____

Name and Title: Doreen Adlam Secretary

Address

4001 SW Rosser Blvd

Port Saint Lucie

Fl. 34953

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
FALLAHSSEE, FLORIDA

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: Joshua E Adlam
Address: 4001 SW Rosser Blvd
Port Saint Lucie Fl 34953

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Joshua E Adlam
Address: 4001 SW Rosser Blvd
Port Saint Lucie Fl 34953

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

<u></u>	<u>3/10/15</u>
Required Signature/Registered Agent	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.

<u></u>	<u>3/10/15</u>
Required Signature/Incorporator	Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAR 13 AM 10:57
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

March 4, 2015

JOSHUA EDWARD ADLAM
4001 SW ROSSER BLVD
PORT SAINT LUCIE, FL 34953

SUBJECT: DJ ENTERPRISES INC.
Ref. Number: W15000015432

We have received your document for DJ ENTERPRISES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 815A00004407

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15 MAR 13 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA