

P15000028160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

MD 3/26

## COVER LETTER

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

SUBJECT: The J4 Project, 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: Joe Stevens III

Name (Printed or typed)

3724 NE 11th Street

Address

Homestead, FL 33033

City, State & Zip

904-534-6869

Daytime Telephone number

jwstevens3@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: The J4 Project, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3724 NE 11th Street

Homestead, FL 33033

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This Corporation is organized for the purpose of transacting any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000 The Corporation is authorized to issue 10,000 shares of Common Stock, all of which shall have a par value of \$1.00 per share. <sup>BS</sup>

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

Name and Title: Joe Stevens, President

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

Address 3724 NE 11th Street

Address: \_\_\_\_\_

Homestead, FL 33033

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: Joe Stevens, Registered Agent  
Address: 3724 NE 11th Street  
Homestead, FL 33033

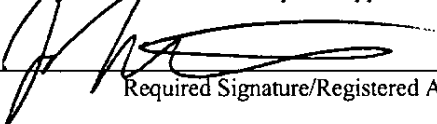
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DEPARTMENT OF STATE  
ALLAHABAD, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

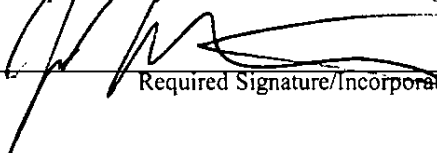
Name: Joe Stevens  
Address: 3724 NE 11th Street  
Homestead, FL 33033

*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

3/20/15  
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

3/20/15  
Date