

P15000042764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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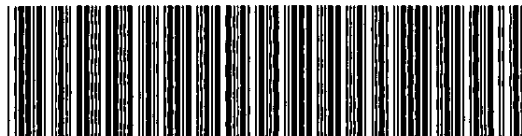
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/08/15--01014--004 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAY -8 PM 12:38

APPROVAL  
AND  
FILED

#

**GPG**

**Guest • Peavy • Guest**

Certified Public Accountants, P.A.

50 Kindred Street, Suite 303, Stuart, FL 34994

T: (772) 286-9005 1(800) 314-1019 F: (772) 286-5030

May 4, 2015

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


RE: Articles of Incorporation  
CCA SYSTEMS, INC.

Dear Sir/Madam:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Incorporation to be filed with the Department of State, State of Florida. Also enclosed is my check in the amount of \$78.75, which represents \$35.00 for the filing fee, \$35.00 for the registered agent fee and \$8.75 for the Certified Copy. Please return the certified copy of the Articles of Incorporation.

If you have any questions, please feel free to contact me.

Sincerely,



JAMES GUEST

## COVER LETTER

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

**SUBJECT:** CCA SYSTEMS, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** JAMES GUEST  
Name (Printed or typed)

50 SE KINDRED ST., SU. 303  
Address

STUART, FL 34994  
City, State & Zip

772-286-9005  
Daytime Telephone number

JGUEST@GPCPA.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: CCA SYSTEMS, INC.

15 MAY -8 PM 12:38

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

2353 SW OAK RIDGE RD.

PALM CITY, FL 34990

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The general nature of the business to be transacted by this Corporation is to engage in

any and all business permitted under the laws of the United States and the

State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: James Jacaruso / President & Treasurer

Name and Title: Cheryl Lyn Jacaruso / VP & Secretary

Address 2353 SW Oak Ridge Road

Address: 2353 SW Oak Ridge Road

Palm City, FL 34990

Palm City, FL 34990

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 15 MAY -8 PM 12:30  
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: Robert E. Guest  
Address: 50 SE Kindred St., Suite 303  
Stuart, FL 34994

**ARTICLE VII INCORPORATOR**

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

Name: James Jacaruso  
Address: 2353 SW Oak Ridge Rd.  
Palm City, FL 34990


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

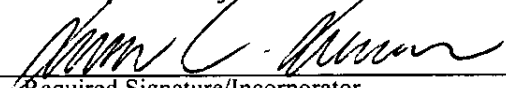
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 5/4/15 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 5/04/15 Date