

P/5000051840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

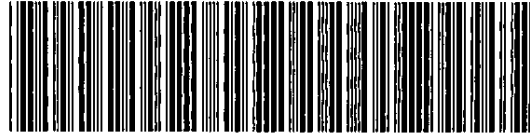
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/01/15--01009--001 **78.75

15 JUN 12 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: JAKECO, 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: JANIS K. STEPHENSON
Name (Printed or typed)

4295 W. OLD US. HWY 441 Ste. 1a
Address

MOUNT DORA, FL. 32757
City, State & Zip

352-343-5310
Daytime Telephone number

KeithandJan@live.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2015

JANIS K. STEPHENSON
4295 W. OLD U.S. HWY 441 STE. 1A
MOUNT DORA, FL 32757

SUBJECT: JAKECO, INC.
Ref. Number: W15000038823

We have received your document for JAKECO, INC. and your check(s) totaling \$78.75. 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 615A00011671

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: KEJAN, INC.

15 JUN 12 PM 4:16

ARTICLE II PRINCIPAL OFFICE

Principal street address

4295 W. OLD US. Hwy 441 Ste 1a
MOUNT DORA, FL. 32757

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE LIABILITY PROTECTION
TO US AS SOLE PROPRIATORS.

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Keith D. Stephenson, PRES Name and Title: JANIS K. STEPHENSON, V. PRES.

Address: 15735 OAK GLEN WAY Address: 15735 OAK GLEN WAY
TAVARES, FL 32778 TAVARES, FL 32778

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 JUN 12 PM 4:16
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: JANIS K. STEPHENSON
Address: 15735 OAK GLEN WAY
TALLAHASSEE, FL. 32378

ARTICLE VII INCORPORATOR

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

Name: JANIS K. STEPHENSON
Address: 15735 OAK GLEN WAY
TALLAHASSEE, FL 32378

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

Janis K. Stephenson 5/28/15
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.

Janis K. Stephenson 5/28/15
Required Signature/Incorporator Date