

P15000054315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

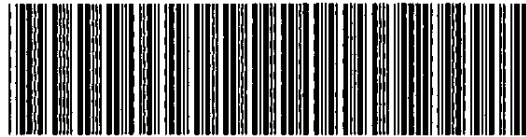
(Document Number)

Certified Copies _____

Certificates of Status ☒

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06/19/15--01019--006 **78.75

FILED
2015 JUN 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 25 2015

COVER LETTER

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

SUBJECT: JACARA 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: SJ COOPER & ASSOCIATES INC.

Name (Printed or typed)

4001 SANTA BARBARA BLVD # 366

Address

NAPLES, FL 34120

City, State & Zip

239-398-3637

Daytime Telephone number

STEVEN@SJCFINANCE.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: JACARA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10 SE 21ST AVE

CAPE CORAL, FL 33990

Mailing address, if different is:

3269 STURGEON BAY COURT

NAPLES, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A LEGAL & PROFESSIONAL REAL ESTATE COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEBRA P PROVOST, PRESIDENT

Address: 10 SE 21ST AVE

CAPE CORAL, FL 33990

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2015 JUN 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, 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: STEVEN COOPER

Address: 4001 SANTA BARBARA BLVD # 366

NAPLES, FL 34104

ARTICLE VII INCORPORATOR

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

Name: STEVEN COOPER

Address: 4001 SANTA BARBARA BLVD # 366

NAPLES, FL 34104

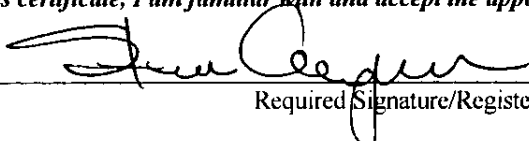
ARTICLE VIII EFFECTIVE DATE:

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

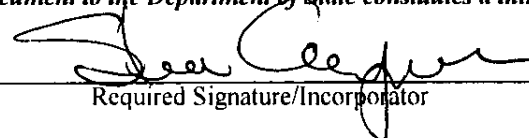


Required Signature/Registered Agent

06/16/2015

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.



Required Signature/Incorporator

06/16/2015

Date