

PI5000055355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

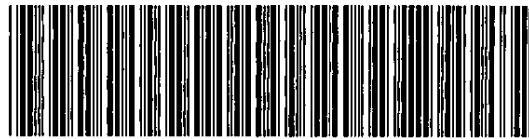
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2015 JUN 26 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 30 2015

COVER LETTER

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

SUBJECT: JAMAICA BLUE 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: J.C. GONZALEZ

Name (Printed or typed)

4904 MCKINLEY STREET

Address

HOLLYWOOD, FL 33021

City, State & Zip

305-968-5996

Daytime Telephone number

JCG1669@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

Affidavit

State of Florida
County of Broward

BEFORE ME, the undersigned Notary, _____, on this
____ 30th ____ day of _____ April _____, 2015, personally appeared
____ Juan C. Gonzalez _____, known to me to be a
credible person and of lawful age, who being by me first duly sworn, on _____ his _____
oath, deposes and says:

Being an authorized person and officer of Jamaica Blue Inc., Florida document number
P03000033145, I hereby certify that after our voluntary dissolution, filed on April 20,
2015, we have no intentions of revoking said dissolution.

If you have any questions or concerns or need anything further please let me know.

Thank you for your help and consideration in this matter.

Juan C. Gonzalez _____

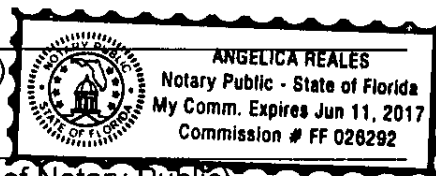
4904 McKinley Street _____

Hollywood FL 33021 _____

State of Florida
County of Broward

Sworn to (or affirmed) and subscribed before me this ____ 30th ____ day of ____ April _____,
2015 (year) by _____ Juan C. Gonzalez _____.

(Signature of Notary Public - State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification X

Type of Identification Produced FL Driver's License: G1524-423-69-056-0

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

JAMAICA BLUE INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

4904 MCKINLEY STREET

HOLLYWOOD, FL 33021

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: J.C. Gonzalez, President

Address 4904 McKinley Street

Hollywood, Fl 33021

Name and Title: Jeanette Scala, Vice President

Address: 4904 McKinley Street

Hollywood, Fl 33021

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: _____
Jeanette Scala

Address: _____
4904 McKinley Street

Hollywood, FL 33021

ARTICLE VII INCORPORATOR

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

Name: _____
J.C. Gonzalez

Address: _____
4904 McKinley Street

Hollywood, FL 33021

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

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

Date