

P15000069829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

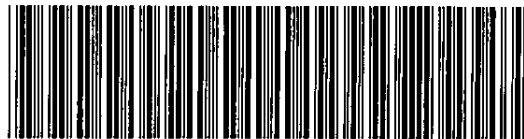
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700276066917

08/17/15--01004--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 17 AM 7:11

APPROVED
AND
FILED

Handwritten signature

COVER LETTER

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

SUBJECT: JRS Paralegal Service P.A.
(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: Jdanna Ortiz-Rodriguez
Name (Printed or typed)

P.O. Box 720942
Address

Orlando, FL 32872
City, State & Zip

407 969-0229
Daytime Telephone number

jrsparalegal@service@gmail.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: JRS Paralegal Service P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5918 Bent Pine Dr, Apt. 124
Orlando, FL 32822

P.O. Box 720942
Orlando, FL 32872

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Paralegal
services, for profit.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOANNA Ortiz-Rodriguez, President

Address: P.O. Box 720942

Orlando, FL 32872

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 17 AM 7:11

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

15 AUG 17 AM 7:11

Name and Title: _____ Name and Title: _____
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: JOANNA ORTIZ-RODRIGUEZ
Address: 5918 BENT PINE DR. Apt. 124
Orlando, FL 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOANNA ORTIZ-RODRIGUEZ
Address: 5918 BENT PINE DR. Apt 124
Orlando, FL 32822

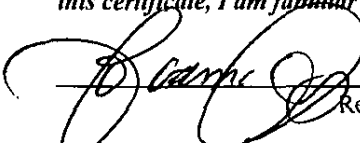
ARTICLE VIII EFFECTIVE DATE:

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.)

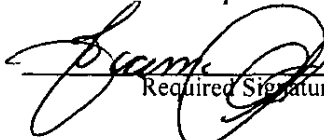
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/11/15
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

8/11/15
Date