

P15000072145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

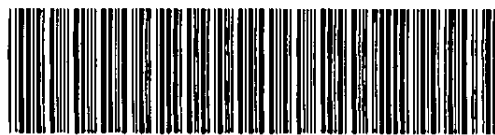
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08/10/15--01006--010 **78.75

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W PAINTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED AUG 31 2015

August 14, 2015

IMRAN SEAN
6206 ARLINGTON RD
JACKSONVILLE, FL 32211

SUBJECT: JAX MINI MART
Ref. Number: W15000054804

We have received your document for JAX MINI MART 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 915A00017210

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STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

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

SUBJECT: JAX Mini MART
(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: Imran Sean
Name (Printed or typed)

6206 Arlington Road
Address

Jacksonville, Florida 32211
City, State & Zip

202. 644. 1938
Daytime Telephone number

santana.carli@yahoo.com
E-mail address: (to be used for future annual report notification)

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

COVER LETTER

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

SUBJECT: JAX MINI MART, 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,
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DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: JAX MINI MART, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6206 Arlington Rd - Unit #1
Jacksonville, Florida 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: small convenience store; retail goods & services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Taran Sean

Name and Title: Chief Officer

Address: 6206 Arlington Rd
Unit #1
Jacksonville, FL 32211

Address: → Same

Name and Title: Carlisa Santana

Name and Title: Secretary

Address: 5150 Broadway Ave
Jacksonville, FL 32254

Address: 6206 Arlington Rd
Unit #1
Jacksonville, FL 32211

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: Imran Seen
Address: 6206 Arlington Rd Unit #1
Jacksonville, FL 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlisa Santana
Address: 6206 Arlington Rd Unit #1
Jacksonville, FL 32211


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

8/5/15
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

8/5/15
Date

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DEPT. OF STATE
JACKSONVILLE, FLORIDA