

PK5000074125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

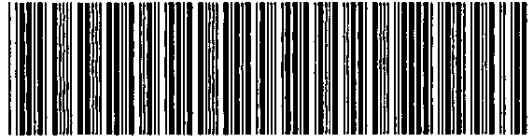
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 SEP - 1 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

1/1

## COVER LETTER

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

**SUBJECT:** JAX REALTORS 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:** JOHN G. COBEY

Name (Printed or typed)

STE 2350 , 250 EAST 5TH STREET

Address

CINCINNATI, OHIO 45202

City, State & Zip

513-333-5234

Daytime Telephone number

JCOBEY@CTKS.COM

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

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

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AND  
FILED

# ARTICLES OF INCORPORATION

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

15 SEP -1 PM 2:02

## ARTICLE I NAME

The name of the corporation shall be: JAX REALTORS INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

450 BOTONICAL PLACE CIRCLE UNIT 406

NAPLES, FLA.

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1. TO DO ALL ACTIONS PERMITTED BY FLORIDA CORPORATE LAWS (CHAPTER 605 AND 621 FLORIDA STATUTES).

2. TO BUY, SELL, AND MANAGE REAL ESTATE

## ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRIAN BROCKMAN MGER/DIRECTOR

Name and Title:

Address 100 CRISLER UNIT 105

Address:

CRESCENT SPRINGS, KY 41017

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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15 SEP -1 PM 2:04

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: MICHAEL CRANLEY  
Address: 4500 BOTANICAL PL CIRCLE, UNIT 406  
NAPLES FLORIDA 34112

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BRIAN BROCKMAN  
Address: 100 CRISLER UNIT 105  
CRESCENT SPRINGS, KY 41017

**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*

*Michael Cranley*

Required Signature/Registered Agent

8-21-15

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.*

*Susan Blum*

Required Signature/Incorporator

8/21/15

Date