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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLE
Account Number : 120070000020
Phone : (813) 435-3176
Fax Number : (713) 429-1276

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: NS@NICKSPRADLE.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
JW&CD INC.

Certificate of Status	0
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JAN - 5

Monday, January 04, 2016

T. BROWN

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2016 JAN -4 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 JAN -4 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: JW&CD INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address1140 NE 25 Ave Unit #3Pompano Beach Florida 33062

Mailing address, if different

1140 NE 25 Ave Unit #3Pompano Beach Florida 33062**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 1000 shares at 10 cents par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Joseph Walker D, P. S. T

Name and Title: _____

Address 1140 NE 25 Ave Unit #3

Address: _____

Pompano beach Florida 33062

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: The Law Offices of Nick Spradlin, PLLC
Address: 2202 N. WEST SHORE BLVD. #200
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICKOLAS J. SPRADLIN ESQ.
Address: 2202 N. WEST SHORE BLVD. #200
TAMPA, FL 33607

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

01/04/2016
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

01/04/2016
Date