

P/B 000009265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

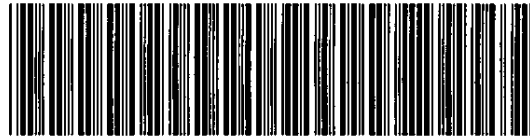
(Business Entity Name)

(Document Number)

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

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01/22/16--01015--007 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN 22 PM 2:52

02/02/16

## COVER LETTER

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

**SUBJECT:** Schrider Jara, 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:** Barbara Mischelle Schrider- Jara  
Name (Printed or typed)

3600 Selkirk St.  
Address

New Port Richey, Fl. 34655  
City, State & Zip

1-727-9472390  
Daytime Telephone number

mischelle.jara@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: Schrider Jara, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3600 Selkirk St., New Port Richey, Fl. 34655

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all legal purposes

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HILLSBOROUGH COUNTY, FL

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Mischelle Schrider-Jara

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

Address President

Address: \_\_\_\_\_

3600 Selkirk St.

New Port Richey, Fl. 34655

Name and Title: Barbara Mischelle Schrider-Jara

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

Address Treasurer

Address: \_\_\_\_\_

3600 Selkirk St.

New Port Richey, Fl. 34655

Name and Title: Barbara Mischelle Schrider-Jara

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

Address Director

Address: \_\_\_\_\_

3600 Selkirk St.

New Port Richey, Fl.

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: Barbara Mischelle Schrider-Jara  
Address: 3600 Selkirk St.  
New Port Richey, Fl. 34655

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**ARTICLE VII INCORPORATOR**

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

Name: Barbara Mischelle Schrider-Jara  
Address: 3600 Selkirk St.  
New Port Richey, Fl. 34655

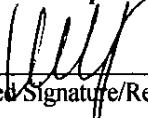
**ARTICLE VIII EFFECTIVE DATE:**

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.)

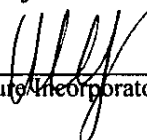
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1-19-2016  
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

1-19-2016  
Date