

P16000010152

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

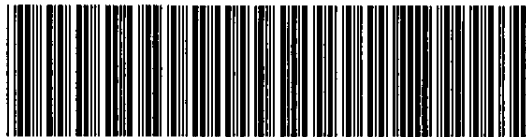
per conversation with Mr.  
Sheer on 2/1/16 write  
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Office Use Only

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T. SCOTT



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2016

JIMMY SCHEER  
2450 NE 135 ST. #505  
MIAMI, FL 33181

SUBJECT: J&P DESIGN SERVICES INC  
Ref. Number: W16000005847

We have received your document for J&P DESIGN SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 716A00002182

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

J&P Design Services 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: \_\_\_\_\_

Jimmy Scheer

Name (Printed or typed)

2450 NE 135<sup>th</sup> ST. # 505

Address

NORTH MIAMI, FL, 33181

City, State & Zip

786-470-0867

Daytime Telephone number

JimmyScheer@HotNail.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: J&P Design Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2450 NE 135 ST # 505

North Miami, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Design Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JIMMY SCHEERZ / President Name and Title: \_\_\_\_\_

Address: 2450 NE 135 ST # 505 Address: \_\_\_\_\_  
North Miami, FL 33181

Name and Title: PAULA ACEVEDO / Secretary Name and Title: \_\_\_\_\_

Address: 2450 NE 135 ST # 505 Address: \_\_\_\_\_  
North Miami, FL 33181

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: Jimmy Scheer  
Address: 2450 NE 135 ST. # 505  
North Miami, Fl, 33181

**ARTICLE VII INCORPORATOR**

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

Name: Jimmy Scheer  
Address: 2450 NE 135 ST # 505  
North Miami, Fl, 33181


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

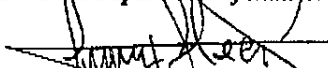
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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 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 Date