## P16000015aa1

(Requestor's Name)				
(Address)				
`	,			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
	_			
Special Instructions to	Filing Officer:			





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## **COVER LETTER**

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

SUBJECT: JDL Res	ntals Inc			
SCB02C1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:	
\$70.00 Filing Fee	· · · · · ·	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	DDITIONAL COPY REQUIRED	
FROM:	chelle Seidl Nam SE 14th PL	e (Printed or typed)		
<del></del>		Address	<del></del>	
Caŗ	e Coral, FL 33990	7 tudi 655		
	City	, State & Zip		
239	-772-0077			
-	Daytime 7	Telephone number	<del></del>	
mic	helle@jdlsurfaces.com			
	E-mail address: (to be use	ed 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)
16 FEB -4 PM 4: 26

Principal street address  222 SE 14th PL  Cape Coral, FL 33990  ARTICLE III PURPOSE	SECRETATIV OF STATE TAIL AHASREE, FLORIDA  Mailing address, if different is:
222 SE 14th PL Cape Coral, FL 33990  ARTICLE III PURPOSE	
922 SE 14th PL Cape Coral, FL 33990  ARTICLE III PURPOSE	Mailing address, if different is:  ———————————————————————————————————
Cape Coral, FL 33990  ARTICLE III PURPOSE	
ARTICLE III PURPOSE	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Any and all lawful business	
ARTICLE IV SHARES 100	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	<del></del>
Name and Title: Duane Lopez	Name and Title: Milo Seidl
Address 2451 Ashbury Cir	Address: 1790 Whitecap Cir
Cape Coral, FL 33991	N Ft Myers, FL 33903
Name and Tide.	Manager and Titles
	Name and Title:
Address	Address:
	<u></u>
Name and Title:	Name and Title:



Name a	d Title:	Name and Title:	16 FEB -4 PM 4: 26
Addres		Address:	SECRETARY OF STATE
			TALLAHASSEE FLORIDA
		_	
	REGISTERED AGENT	-641	
Name:	lorida street address (P.O. Box NOT acceptable)  Michelle Seidl	of the registered agent is	S:
Address:	922 SE 14th PL	<del>-</del>	
ridaress.	Cape Coral, FL 33990		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Michelle Seidl		
Address:	922 SE 14th PL		
	Cape Coral, FL 33990		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cannot ling.)	. (OPTIO	
	inserted in this block does not meet the applicable ffective date on the Department of State's records		ements, this date will not be listed as
Having been na this certificate, I	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	ss for the above stated egistered agent and agr	corporation at the place designated in ee to act in this capacity
Anich	relle fill		February 01, 2016
V	Required Signature/Registered Agent		Date
I submit this document to the	rument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware tha ny as provided for in s.	t the false information submitted in a 817.155, F.S.
Mick	elle hill	·	February 01, 2016
Requ	red Signature/Incorporator		Date