

P16000029533

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(Address)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR 28 PM 3:30

## COVER LETTER

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

**SUBJECT:** JREM OHIO, 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:** BRIAN JUNKINS

Name (Printed or typed)

5017 SW 11TH CT

Address

CAPE CORAL, FL 33914-7017

City, State & Zip

614-519-7747

Daytime Telephone number

BJUNKINS@JREMOHIO.COM

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

16 MAR 28 PM 3:30

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TALLAHASSEE, FLORIDA

**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: JREM OHIO, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5017 SW 11TH CT

CAPE CORAL, FL 33914-7017

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all legal business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BRIAN JUNKINS P,D

Name and Title:

Address 5017 SW 11TH CT

Address:

CAPE CORAL, FL 33914

Name and Title: KELLY HANSEN S,D

Name and Title:

Address 5017 SW 11TH CT

Address:

CAPE CORAL, FL 33914

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR 28 PM 3:30

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: BRIAN JUNKINS  
Address: 5017 SW 11TH CT  
CAPE CORAL, FL 33914-7017

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BRIAN JUNKINS  
Address: 5017 SW 11TH CT  
33914-7017

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: APRIL 1, 2016 (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*

Brian J Junkin  
Required Signature/Registered Agent

3-25-16  
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.*

Brian J Junkin  
Required Signature/Incorporator

3-25-16  
Date

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SECRETARY OF STATE  
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CAPE CORAL, FL 33914

Name and Title: KELLY HANSEN S,D

Name and Title:

Address 5017 SW 11TH CT

Address:

CAPE CORAL, FL 33914

Name and Title: Name and Title:

Address Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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Required Signature/Registered Agent Date

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Brian Junkin 3-25-16  
Required Signature/Incorporator Date