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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18116-12410

MD 4/16

## COVER LETTER

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

**SUBJECT:** JDL Enterprises, 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:** Stedman-Fleury CPA  
\_\_\_\_\_  
Name (Printed or typed)  
  
3931 RCA Blvd., Suite 3101  
\_\_\_\_\_  
Address  
  
Palm Beach Gardens, FL 33410  
\_\_\_\_\_  
City, State & Zip  
  
561-624-0522  
\_\_\_\_\_  
Daytime Telephone number  
  
stedmancpa@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2016

STEDMAN-FLEURY CPA  
3931 RCA BLVD., STE.3101  
PALM BEACH GARDENS, FL 33410

SUBJECT: JDL ENTERPRISES, INC.  
Ref. Number: W16000012410

We have received your document for JDL ENTERPRISES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00003464

FAX FROM:

**Stedman-Fleury CPA**

3931 RCA Boulevard, Suite 3101  
Palm Beach Gardens, FL 33410-4287  
(561) 624-0522 fax (561) 624-0523

DATE:

4/6/16

COMPANY NAME: FL DEPT OF CORPORATIONSATTENTION: MARYANNE DICKEYFAX: (850) 245-6804

F R O M	Karen Stedman, CPA _____
	<u>Elise Book</u> <u>X</u>

" ARKADIA ENTERPRISES, INC. "

R E G A R D I N G	Thanks Maryanne for your help in
	this matter.

Response Requested: Immediate \_\_\_\_\_ ASAP \_\_\_\_\_ Not Necessary \_\_\_\_\_

Page Number 1 of 5 Pages

**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: ARKADIA ENTERPRISES, INC.

ARKADIA ENTERPRISES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9467 Bloomfield Dr.

Palm Beach Gardens, FL 33410

Mailing address, if different is:

9467 Bloomfield Dr.

Palm Beach Gardens, FL 33410

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to transact any and/or all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: John Loulakis, President

Address

9467 Bloomfield Dr.

Palm Beach Gardens, FL 33410

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

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

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

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

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

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

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

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

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

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

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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: Karen E. Stedman  
Address: 3931 RCA Blvd., Suite 3101  
Palm Beach Gardens, FL 33410

**ARTICLE VII INCORPORATOR**

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

Name: John Louisidis  
Address: 9467 Bloomfield Dr.  
Palm Beach Gardens, FL 33410

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**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*

Karen E. Stedman  
Required Signature/Registered Agent

2/2/2016  
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.*

[Signature]  
Required Signature/Incorporator

2/2/2016  
Date