

P/6000036252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

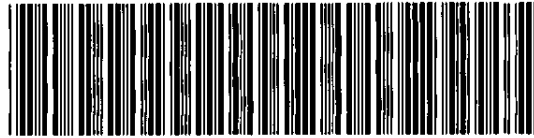
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

P/6 - 36252



600284994366

04/25/16---01008---014 **137.50

RECEIVED
DEPARTMENT OF STATE
16 APR 25 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 25 PM 3:22

APPROVED
AND
FILED

04/25/16

COVER LETTER

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

SUBJECT: The Jecarta Group 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: Rosemartu Erlinda Damanik
Name (Printed or typed)

1303 Pullen rd
Address

Tallahassee FL 32303
City, State & Zip

850 688 0427
Daytime Telephone number

jakartareds@yahoo.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:

The Jecarta Group Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1303 pullen rd
Tallahassee FL 32303

1303 pullen rd
Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to Manage and develop sibling companies for
profit or gain

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Rosemarie Damanik CEO

Name and Title:

Address

1303 pullen rd
Tallahassee FL 32303

Address:

Name and Title:

Gerren Keith Sapp Manager

Name and Title:

Address

1303 pullen rd
Tallahassee FL 32303

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 25 PM 3:22

APPROVED
AND
FILED

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: Rosemartu Erlinda Damanik
Address: 1303 Pullen Rd
Tallahassee FL 32303

ARTICLE VII INCORPORATOR

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

Name: Rosemartu Erlinda Damanik
Address: 1303 Pullen Rd
Tallahassee FL 32303

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 25 PM 3:22

APPROVED
AND
FILED

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/25/2016 (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

[Signature]
Required Signature/Registered Agent

4/25/16
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.

[Signature]
Required Signature/Incorporator

4/25/16
Date