

P160000041493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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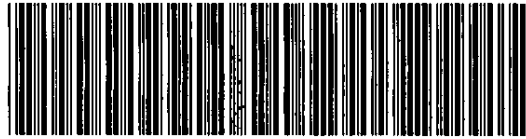
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/16--01026--027 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY -5 PM 12:22

COVER LETTER

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

SUBJECT: Jackpot Dealer 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: Mark Frank Kaye

Name (Printed or typed)

430 Riverside Dr.

Address

Holly Hill, FL 32117

City, State & Zip

(386) 235-8847

Daytime Telephone number

markkaye123@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: Jackpot Dealer Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1120 Enterprise Ct.

1120 Enterprise Ct. F&G

Holly Hill, Fl 32117

Holly Hill, Fl 32117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to resale as tangible personal property and any
and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Frank Kaye President

Name and Title: _____

Address 430 Riverside Dr.

Address: _____

Holly Hill, Fl 32117

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 MAY -5 PM 12:22
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Renee C Henry

Address: 430 Riverside Dr

Holly Hill FL 32117

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ARTICLE VII INCORPORATOR

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

Name: Mark Frank Kaye

Address: 430 Riverside Dr

Holly Hill, FL 32117

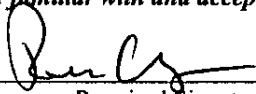
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04-28-16 (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

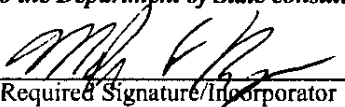


Required Signature/Registered Agent

4-28-16

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.



Required Signature/Incorporator

04-28-16

Date