

FILE 0000043691

(Requestor's Name)

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(City/State/Zip/Phone #)

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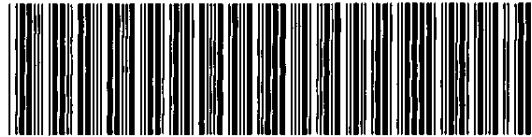
(Business Entity Name)

(Document Number)

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16 MAY 20 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2016

T SCHROEDER

COVER LETTER

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

SUBJECT: SVN / Jayson Real Estate Corporation
(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: Jonathan Jayson
Name (Printed or typed)

4678 Island Reef Dr
Address

Wellington, FL 33449
City, State & Zip

716-574-6471
Daytime Telephone number

jessicajayson@gmail.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:

SVN/Jayson Real Estate Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Jonathan Jayson
4678 Island Reef Dr
Wellington, FL 33449

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Brokerage

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jonathan Jayson

Name and Title:

Director

Address

4678 Island Reef Dr
Wellington, FL 33449

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SEARCHED
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FBI - MIAMI

OFFICE
MAY 20 2004

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: Jonathan Jayson

Address: 4678 Island Reef Dr
Wellington, FL 33449

ARTICLE VII INCORPORATOR

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

Name: Jonathan Jayson

Address: 4678 Island Reef Dr.
Wellington, FL 33449

STATE OF FLORIDA
DEPARTMENT OF STATE
16 MAY 20 PM 2:26

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MAY 16 2016

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

Jonathan Jayson
Required Signature/Registered Agent

5/19/16
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.

John Jayson
Required Signature/Incorporator

5/19/16
Date