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T. SCOTT

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 15 2016

## COVER LETTER

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

**SUBJECT:** JAYCEE FOREVER INCORPORATED

(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:** JAYCEE FOREVER INCORPORATED

Name (Printed or typed)

5472 LILY STREET

Address

ORLANDO, FLORIDA 32811

City, State & Zip

(407)496-0007

Daytime Telephone number

pbellwilcox@hotmail.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: JAYCEE FOREVER INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5472 LILY STREET

ORLANDO, FLORIDA 32811

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MERCHANDISE SALES

## ARTICLE IV SHARES

The number of shares of stock is: 2

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAMELA BELL WILCOX (PRES)

Name and Title: DESTINY WILCOX (VICE PRES.)

Address 5472 LILY STREET  
ORLANDO, FLORIDA 32811

Address: 5472 LILY STREET  
ORLANDO, FLORIDA 32811

Name and Title: DANA BELL (SECRETARY)

Name and Title: DONNA JONES (TREASURER)

Address 5472 LILY STREET  
ORLANDO, FLORIDA 32811

Address: 5472 LILY STREET  
ORLANDO, FLORIDA 32811

Name and Title:

Name and Title:

Address

Address:

16 JUN -9 PM 1:36  
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: PAMELA BELL WILCOX  
Address: 5472 LILY STREET  
ORLANDO, FLORIDA 32811

**ARTICLE VII INCORPORATOR**

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

Name: PAMELA BELL WILCOX  
Address: 5472 LILY STREET  
ORLANDO, FLORIDA 32811

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/01/2016 (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*

\_\_\_\_\_  
Required Signature/Registered Agent 06/01/2016  
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.*

\_\_\_\_\_  
Required Signature/Incorporator 06/01/2016  
Date