

PI6 000055217

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke to Mr Postupack on
7/11/16 JPAD is one word
B 7/11/16

Office Use Only

W 1600043615

JUL 01 2016

T. SCOTT



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06/10/16--01014--001 **70.00

16 JUN 30 AM 10:40
DIVISION OF CORPORATE AFFAIRS
STATE OF NEW YORK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2016

JAMES POSTUPACK
5855 PLYMOUTH PLACE
AVE MARIA, FL 33142

SUBJECT: J PAD INC
Ref. Number: W16000043615

RECEIVED
16 JUN 30 AM 11:19
TALLAHASSEE, FLORIDA

We have received your document for J PAD 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 016A00012722

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: J P A D INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5855 PLYMOUTH PLACE

AVE MARIA, FL 34142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ARCHITECTURAL DRAFTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES POSTUPACK, PRESIDENT

Name and Title: _____

Address 5855 PLYMOUTH PLACE

Address: _____

AVE MARIA, FL 34142

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 JUN 30 AM 10:40

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: JAMES POSTUPACK _____

Address: 5855 PLYMOUTH PLACE _____

AVE MARIA, FL 34142 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES POSTUPACK _____

Address: 5855 PLYMOUTH PLACE _____

AVE MARIA, FL 3414 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 1, 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

JUNE 7, 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

JUNE 7, 2016

Date