

P16000056043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

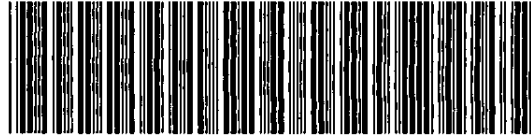
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~tw16-44053~~
~~tw16-40207~~

Office Use Only



900286033079

05/26/16--01011--010 **78.75

FILED

16 JUL -6 PM 1:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

111

COVER LETTER

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

SUBJECT: JWS ENTERPRISES 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: JOHN STRAATSMA

Name (Printed or typed)

12480 NW 62ND CT

Address

CORAL SPRINGS, FL 33076

City, State & Zip

954-614-0275

Daytime Telephone number

JWSENERPRISES7@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2016

JOHN STRAATSMA
12480 NW 62ND CT
CORAL SPRINGS, FL 33076

SUBJECT: JWS ENTERPRISES INC
Ref. Number: W16000040201

We have received your document for JWS ENTERPRISES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 816A00011597



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2016

JOHN STRAATSMA
12480 NW 62ND CT
CORAL SPRINGS, FL 33076

SUBJECT: JWS VENTURES INC.
Ref. Number: W16000044053

We have received your document for JWS VENTURES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 416A00012925

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: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

12480 NW 62ND CT. CORAL SPRINGS, FL 33076

JWS VENTURES I INC.

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS AND FINANCIAL CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN STRAATSMA, PRESIDENT

Address 12480 NW 62ND CT
CORAL SPRINGS, FL 33076

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
16 JUL -6 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

FILED
16 JUL -6 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOHN STRAATSMA
Address: 12480 NW 62ND CT.,
CORAL SPRINGS, FL 33076

ARTICLE VII INCORPORATOR

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

Name: JOHN STRAATSMA
Address: 12480 NW 62ND CT.,
CORAL SPRINGS, FL 33076

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

Required Signature/Registered Agent

5.24.16
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

5.24.16
Date