

**P16000056182**

## Florida Department of State

Division of Corporations  
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Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

## JIM HERNDON ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

COVER LETTER

H16000163690

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

SUBJECT: JIM HERNDON 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  
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: ALBERT R. COHER CPA  
Name (Printed or typed)  
11420 W. KENDALL DR. Suite 203  
Address  
MIAMI, FL 33174  
City, State & Zip  
305-271-3666 EXT 205  
Daytime Telephone number  
Eida C de Jesus@gmail.com  
E-mail address: (to be used for future annual report notification)

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

H16000163690

**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: JIM HERNDON ENTERPRISES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

22955 SW 172 CT

MIAMI, FL 33170

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: AUTO REPAIRS AND

FABRICATION

16 JUL -7 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAMES HERNDON Name and Title: \_\_\_\_\_

Address: 22955 SW 172 CT Address: \_\_\_\_\_

MIAMI, FL 33170

PRESIDENT

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: ALBERT R. COHEN CPA  
Address: 11420 N. KENDALL DR. #203  
MIAMI, FL 33174

FILED  
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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAMES HERNDON  
Address: 22955 S.W. 172 CT  
MIAMI, FL 33170

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

Albert R. Cohen  
Required Signature/Registered Agent

7/7/14  
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.

James Herndon  
Required Signature/Incorporator

7/7/14  
Date

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