

P16000061105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

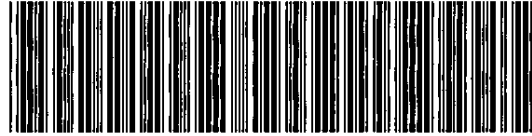
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
BUREAU OF RECORDS

## COVER LETTER

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

**SUBJECT: J & K FRAMING & DRYWALL CORP.,**  
(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: J & K FRAMING & DRYWALL CORPORATION**  
Name (Printed or typed)

**1906 SHARI LYNN TERR**  
Address

**OCOE, FLORIDA 34761**  
City, State & Zip

**407-253-6491**  
Daytime Telephone number

**BACHATA722@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: J & K FRAMING & DRYWALL CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1906 SHARI LYNN TERR  
OCOEE, FLORIDA 34761  
407-253-6491

Mailing address, if different is:

1906 SHARI LYNN TERR  
OCOEE, FLORIDA 34761  
407-253-6491

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: J & K FRAMING & DRYWALL CORPORATION  
REPARATION OF FRAMING AND DRYWALL, FOR COMMERCIAL AND RESIDENTIAL.

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: JAVIER REYES - PRESIDENT

Address: 1906 SHARI LYNN TERR  
OCOEE, FLORIDA 34761  
407-253-6491

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

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

Name and Title: LUCIA SANTANA-VICE-PRESIDENT

Address: 1906 SHARI LYNN TERR  
OCOEE, FLORIDA 34761  
407-272-9598

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

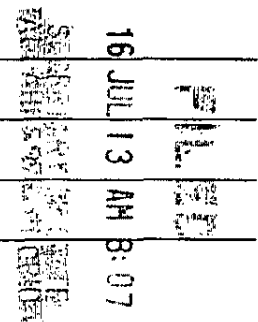
Address: \_\_\_\_\_

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

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

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

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



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:

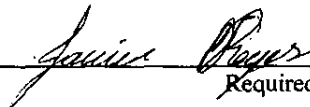
Name: JAVIER REYES  
Address: 1906 SHARI LYNN TERR  
OCOE, FLORIDA 34761

**ARTICLE VII INCORPORATOR**

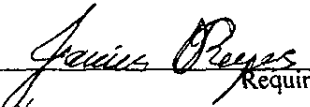
The name and address of the Incorporator is:

Name: JAVIER REYES  
Address: 1906 SHARI LYNN TERR  
OCOE, FLORIDA 34761

*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*

 07/11/2016  
Required Signature/Registered Agent 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.*

 07/11/2016  
Required Signature/Incorporator Date