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(City/State/Zip/Phone #)

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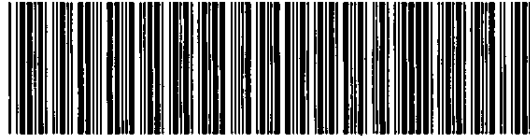
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/11

COVER LETTER

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

SUBJECT: JJS SERVICES, 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: JACKIE J. SCHULMAN

Name (Printed or typed)

6021 NW 61 AVE., #203

Address

TAMARAC, FL. 33319-6226

City, State & Zip

954=644-9728

Daytime Telephone number

JJSCHULMAN@AOL.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)

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ARTICLE I NAME
The name of the corporation shall be: JJS SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

6021 NW 61 AVE., #203

Tamarac, Fl. 33319-6226

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in business practices in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jackie J Schulman, Pres., Secretary

Name and Title: _____

Address 6021 NW 61 Ave., #203

Address: _____

Tamarac, Fl. 33319-6226

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: 15 AUG -5 PM 2:56
Address: _____ Address: 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: Jackie J. Schulman
Address: 6021 NW 61 Ave. #203
Tamarac, Fl. 33319-6226

ARTICLE VII INCORPORATOR

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

Name: Jackie J. Schulman
Address: 6021 NW 61 Ave., #203
Tamarac, Fl. 33319-6226

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Aug. 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

Jackie J. Schulman
Required Signature/Registered Agent

July 28, 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.

Jackie J. Schulman
Required Signature/Incorporator

July 28, 2016

Date