

P16000097984

(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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DEC 13 2016



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12/12/16--01034--003 **70.00

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16 DEC 12 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern:

I have no intention of renewing P15000087787. Thank you.



Steve

FILED
16 DEC 12 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: JAMMS AUTOMOTIVE, 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: STEVEN M SMITH

Name (Printed or typed)

705 E HIBISCUS BLVD

Address

MELBOURNE, FL 32901

City, State & Zip

321-723-4801

Daytime Telephone number

MELBOURNEAAMCO@GMAIL.COM

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JAMMS AUTOMOTIVE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

705 E HIBISCUS BLVD

MELBOURNE, FL 32901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN M SMITH PR

Name and Title:

Address

330 NORTHGROVE DR

Address:

MERRITT ISLAND, FL 32953

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: STEVEN M SMITH
Address: 705 E HIBISCUS BLVD
MELBOURNE, FL 32901

ARTICLE VII INCORPORATOR

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

Name: STEVEN M SMITH
Address: 330 NORTHGROVE DR
MERRITT ISLAND, FL 32953

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 days prior or 90 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

12/9/12

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

12/9/12

Date