

P17000004001

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(City/State/Zip/Phone #)

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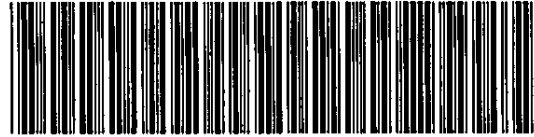
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JAN 13 AM 9:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: _____

JRM Int'l 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: JASON R. MALLAIAH
Name (Printed or typed)

5310 FOREST EDGE CT.
Address

SANFORD, FL 32771
City, State & Zip

(407) 242-0767
Daytime Telephone number

JRM600@GMAIL.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: _____

JRM Int'l Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5210 FOREST EDGE CT.

PO BOX 952560

SANFORD, FLORIDA 32771

LAKE MARY, FL 32795

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE IN ANY OR ALL

LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY

BE INCORPORATED UNDER THE PROVISIONS OF THE

FLORIDA STATUTES.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JASON R MALLAIAH, PRESIDENT Name and Title: _____

Address 5210 FOREST EDGE CT. Address: _____

SANFORD, FLORIDA 32771

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: JASON R. MALLAIAH

Address: 5210 FOREST EDGE CT.

SANFORD, FLORIDA 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JASON R. MALLAIAH

Address: 5210 FOREST EDGE CT.

SANFORD, FLORIDA 32771

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TALLAHASSEE FLORIDA

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

1-9-2017

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

1-9-2017

Date