

P17000061262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

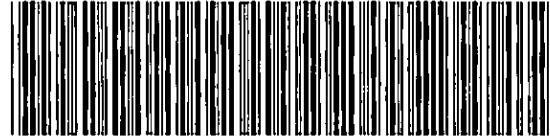
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/13/17--01014--008 **128.75

FILED
17 JUL 18 AM 10:39
CLERK OF COURT
JUL 18 2017

W17-51334

T. BURCH

JUL 18 2017

COVER LETTER

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

SUBJECT: S Corp Registration to be effective July 1, 2017

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

Jenise Salley
Name (printed or typed)

408 Hawk Talon Dr
Address

Lithia, FL 33547
City, State & Zip

909-367-6851
Daytime Telephone Number

jenisesmits@gmail.com
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2017

JENISE SALLEY
408 HAWK TALON DR
LITHIA, FL 33547

SUBJECT: JS MED WRITING, INC.
Ref. Number: W17000051334

We have received your document for JS MED WRITING, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist III

Letter Number: 017A00012552



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2017

JENISE SALLEY
408 HAWK TALON DR
LITHIA, FL 33547

SUBJECT: JS MED WRITING, INC.
Ref. Number: W17000051334

We have received your document for JS MED WRITING, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist III

Letter Number: 817A00013601

CERTIFICATE OF DOMESTICATION

FILED

The undersigned, Jenise Salley, President
(Name)

17 JUL 18 AM 10:39

(Title)

of JS Med Writing, Inc.
(Corporation Name) a foreign corporation,

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was June 17, 2010.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Jersey.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was JS Med Writing, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is JS Med Writing, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New Jersey.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Jenise Salley, of JS Med Writing, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 1st day of July, 2017

X Jenise Salley
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

IN COMPLIANCE WITH CHAPTER 607, F.S.

THE NAME OF THE CORPORATION SHALL BE:

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Lithia FL 33547

Medical Writing

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President/Jenise Salley

408 Hawk Talon Drive

Lithia FL 33547

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Jenise Salley

408 Hawk Talon Drive

Lithia FL 33547

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Jenise Salley

408 Hawk Talon Drive

Lithia FL 33547

FILED
17 JUL 18 AM 10:39
CLERK OF THE COURT
HALL COUNTY, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATE 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.

Signature/Registered Agent

07/01/2017

Date

Signature/Incorporator

Date