

P17000067226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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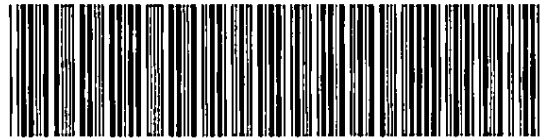
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/09/17--01008--012 **70.00

17 AUG -9 AM 10:15
TALLAHASSEE STATE
FLOIDA

EFFECTIVE DATE 08/04/17

2 08/10/17

COVER LETTER

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

SUBJECT: JD & A SON HOME RENOVATIONS, 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: FRANCISCO MARTINEZ

Name (Printed or typed)

7515 MARBELLA CT APT 201

Address

ORLANDO, FL 32822

City, State & Zip

321-318-3901

Daytime Telephone number

MEJIATAXSVCS@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

JD & A SON HOME RENOVATIONS, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7515 MARBELLA CT APT 201

ORLANDO, FL 32822

ARTICLE III PURPOSE

HOME RENOVATIONS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCISCO MARTINEZ, PRESIDENT

Name and Title: YOLANDA DUARTE, VP

Address 7515 MARBELLA CT APT 201

Address: 7515 MARBELLA CT APT 201

ORLANDO, FL 32822

ORLANDO, FL 32822

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

17 AUG -9 AM 10:15
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: FRANCISCO MARTINEZ
Address: 7515 MARBELLA CT APT 201
ORLANDO, FL 32822

ARTICLE VII INCORPORATOR

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

Name: FRANCISCO MARTINEZ
Address: 7515 MARBELLA CT APT 201
ORLANDO, FL 32822

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FILED
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE: 08/04/2017
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
08/05/2017
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
08/05/2017
Date