

P17000073252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

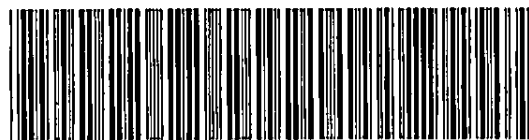
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100303040661

08/31/17--01013--005 \*\*70.00

FILED  
17 AUG 31 AM 11:46  
TALLAHASSEE FLORIDA

09/01/17

## COVER LETTER

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

**SUBJECT:** J. E. ADVISOR GROUP 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ERICA DUNBAR  
\_\_\_\_\_  
Name (Printed or typed)

7032 WHITTINGTON CT  
\_\_\_\_\_  
Address

NEW PORT RICHEY, FL 34653  
\_\_\_\_\_  
City, State & Zip

630-416-7068  
\_\_\_\_\_  
Daytime Telephone number

LNAYDER@NAYDER.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: J. E. ADVISOR GROUP INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

7032 WHITTINGTON CT

NEW PORT RICHEY, FL 34653

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For 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: ERICA DUNBAR PRESIDENT

Name and Title: \_\_\_\_\_

Address 7032 WHITTINGTON CT

Address: \_\_\_\_\_

NEW PORT RICHEY, FL 34653

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
17 AUG 31 AM 11:44  
TALLAHASSEE, 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: ERICA DUNBAR  
Address: 7032 WHITTINGTON CT  
NEW PORT RICHEY, FL 34653

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ERICA DUNBAR  
Address: 7032 WHITTINGTON CT  
NEW PORT RICHEY, FL 34653

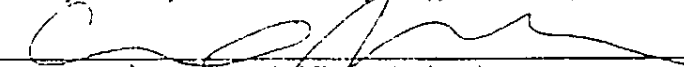
**ARTICLE VIII EFFECTIVE DATE:**

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.)

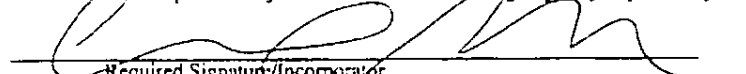
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
ERICA DUNBAR Required Signature/Registered Agent

08-24-17  
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.817.135, F.S.*

  
Required Signature/Incorporator  
ERICA DUNBAR

08-24-17  
Date

17 AUG 31 AM 11:44  
FILED  
TALLAHASSEE, FLORIDA