

P17000084592

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(Business Entity Name)

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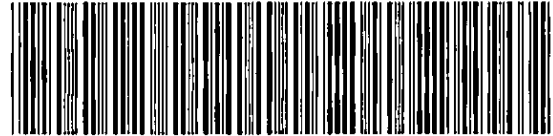
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FBI - NEW YORK

Terence N. Thurson

Full Service Accounting Firm

8672 Phillips Highway

Jacksonville, FL 32256

Tele: (904) 764-7717

Fax: (904) 652-0365

Email: tutrlt1@bellsouth.net

Web: thursonaccounting.com

17 OCT 19 11:41

740 A-55356 FLORIDA

September 25, 2017

RE: P14000053709
CELLMAX JAX, INC.
ATTN: SEDDIQ MUSTAFA
9501 ARLINGTON EXPRESSWAY
SUITE 300
JACKSONVILLE, FL 32225

To Whom This May Concern,

The above referenced individual Mr. Seddiq Mustafa is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



Seddiq Mustafa - President

COVER LETTER

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

SUBJECT: CELLMAX JAX, 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: SEDDIQ MUSTAFA
Name (Printed or typed)

2049 POMPANO PARKWAY
Address

ORANGE PARK, FL 32225
City, State & Zip

904-764-7717
Daytime Telephone number

TNTRLT1@BELLSOUTH.NET
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: CELLMAX JAX, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9501 ARLINGTON EXPRESSWAY

SUITE 300

JACKSONVILLE, FL 32225

Mailing address, if different is:

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: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEDDIQ MUSTAFA - PRES

Address 2049 POMPANO PARKWAY

ORANGE PARK, FL 32073

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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17 OCT 19 11:41
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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: TERENCE N THURSON

Address: 8672 PHILIPS HIGHWAY

JACKSONVILLE, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SEDDIQ MUSTAFA

Address: 2049 POMPANO PARKWAY

ORANGE PARK, FL 32073

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

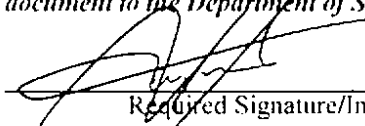


Required Signature/Registered Agent

10/13/2017

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

10/13/2017

Date