

P180000 10083

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☐ PICK-UP

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(Business Entity Name)

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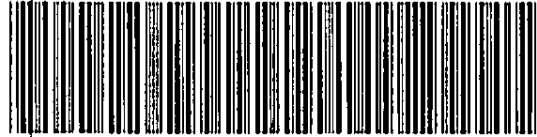
Certified Copies _____ Certificates of Status _____

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JAN 31 2018



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18 JAN 29 PM 12:44
TAMPA, FLORIDA

COVER LETTER

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

SUBJECT: Jeff Kat Services, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jeff Kat Services, Inc.

Name (Printed or typed)

1389 Lemonwood Road

Address

Saint Johns, FL 32259

City, State & Zip

904-635-5640

Daytime Telephone number

JeffKat Services @ G-Mail.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: Jeff Kat Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1389 Lemonwood Road

Saint Johns, FL 32259

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Incorporate on-line sales business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shs.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey N. Pullman

Address: 1389 Lemonwood Road

Saint Johns, FL 32259

Name and Title:

Address:

Name and Title: Director

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SANTA BARBARA COUNTY
CLERK OF SUPERIOR COURT
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: Jeffrey N Pullman

Address: 1389 Lemonwood Road

Saint Johns, FL 32259

ARTICLE VII INCORPORATOR

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

Name: Jeffrey N Pullman

Address: 1389 Lemonwood Road

Saint Johns, FL 3259

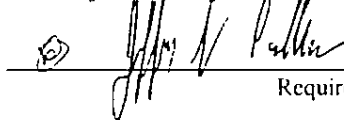
ARTICLE VIII EFFECTIVE DATE:

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

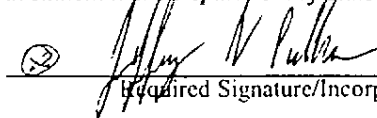


Required Signature/Registered Agent

1/26/18

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

1/26/18

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA