

P18000011427

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

FILED
18 FEB -2 PM 10:05
AT TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

JB Hospitality Group Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: JB Hospitality Group Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address11712 Hendry LoopVenice, FL 34293

Mailing address, if different is:

11712 Hendry LoopVenice, FL 34293**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Operation and management of a restaurant and hotel
consulting companyFILED
18 FEB -2 PM 10:05
CLERK OF STATE
TALLAHASSEE, FLORIDA**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jason Brooke, DirectorAddress: 11712 Hendry Loop
Venice, FL 34293Name and Title: Jason Brooke, PresidentAddress: 11712 Hendry Loop
Venice, FL 34293

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jason Brooke
Address: 11712 Hendry Loop
Venice, FL 34293

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jason Brooke
Address: 11712 Hendry Loop
Venice, FL 34293

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

1/30/18
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

1/30/18
Date