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D O'KEEFE

JUN 15 2018

Terence N. Thurson

Full Service Accounting Firm

8672 Phillips Highway

Jacksonville, FL 32256

Tele: (904) 764-7717

Fax: (904) 652-0365

Email: tntrlt1@bellsouth.net

Web: thursonaccounting.com

June 6, 2018

RE: P17000052010

JAX Wireless 1, Inc.

Attn: Seddiq Mustafa

4325 University Blvd. S

Jacksonville, FL 32216

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

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: JAX WIRELESS I, 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)

4325 UNIVERSITY BLVD S.

Address

JACKSONVILLE, FL 32216

City, State & Zip

904-524-6480

Daytime Telephone number

SEDDIQMUSTAFA@YAHOO.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: JAX WIRELESS 1, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4325 UNIVERSITY BLVD. S
JACKSONVILLE, FL 32216

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEDDIQ MUSTAFA - PRESIDENT

Name and Title: _____

Address 4325 UNIVERSITY BLVD. S

Address: _____

JACKSONVILLE, FL 32216

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: SEDDIQ MUSTAFA

Address: 4325 UNIVERSITY BLVD S

JACKSONVILLE, FL 32216

ARTICLE VII INCORPORATOR

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

Name: SEDDIQ MUSTAFA

Address: 4325 UNIVERSITY BLVD. S

JACKSONVILLE, FL 32216

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TALLAHASSEE, FLORIDA



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

Seddiq Mustafa
Required Signature/Registered Agent

6/6/18
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.

Seddiq Mustafa
Required Signature/Incorporator

6/6/18
Date