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(Re	questor's Name)			
(Address)				
·	-			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
				
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificate:	s of Status		
	_			
Special Instructions to	Filing Officer:			

Office Use Only

SEP 2 4 2018

1. SCOTT



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SECRETARY TO STATE
VALUE ANASSEE FOR TRAINING

COVER LETTER

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

SUBJECT: Jon Sur	npter Ventures, INC		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d 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 RE		PPY REQUIRED
FROM:	Nam 21 Sunday Drive	e (Printed or typed)	
		Address	
Del	itona, FL 32738	Addices	
	City,	State & Zip	
321	-663-4821		
	Daytime 1	elephone number	
jona	athan.sumpter2@yahoo.com		
	E-mail address: (to be use	d 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)

The name of the corpora	Jon Sumpter Ventures, INC		•	
ARTICLE II PRINCIPAL OFFICE Principal street address 3721 Sunday Drive Deltona, FL 32738		Mailing address, if different is: 3721 Sunday Drive Deltona, FL 32738		
ARTICLE V INITIA	stock is: **IL OFFICERS AND/OR DIRECTORS** **Longithus B. Supporters President	·	SECRETARY OF ALLIAHASSEE, FLI	
Name and Title Address	3721 Sunday Drive	Name and Title:Address:	37 9 (7	
Address	Deltona, FL 32738	Aduless.		
Name and Title		Name and Title:		
Address				
Name and Title				
Address		Address:		
				

Name a	nd Title:	Name and Title:
Addres	ss	Address:
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)) of the registered agent is:
Name:	Jonathan B Sumpter	
Address:	3721 Sunday Drive	_
	Deltona, FL 32738	_
		_
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	Jonathan B Sumpter	
Address:	3721 Sunday Drive	
	Deltona, FL 32738	
		_
Effective date, it	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
(If an effective of filing.)	date is listed, the date must be specific and can	not be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicabe effective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as s.
Having been na this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
lon	Required Signature Registered Agent	9-14-2018
	Required Signature Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a long as provided for in s.817.155, F.S.
Jon	athan B. Sempt II	9-14-2018 Date
Requ	nired Signature/Incorporator	Date