

P19000010107

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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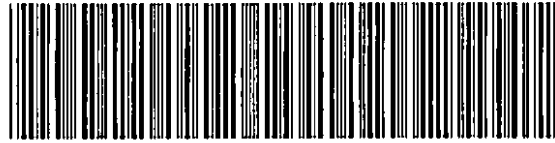
(Business Entity Name)

(Document Number)

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T SCHROEDER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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☐ **CERTIFIED COPY** _____
XX **PHOTOCOPY** _____
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XX **FILING** ARTICLES _____

1. **A.C. JAG INVESTMENT GROUP CORP.**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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: A. C. JAG INVESTMENT GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5580 8TH STREET W

SUITE 10

LEHIGH ACRES, FL 33971

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INVESTMENT GROUP

ARTICLE IV SHARES

The number of shares of stock is: 100

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FLORIDA
DADE COUNTY

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GUILBERT SALMON, President

Address: 2919 63RD ST W.
LEHIGH ACRES, FL 33971

Name and Title: BRENDA SALMON, Director

Address: 2919 63RD ST W.
LEHIGH ACRES, FL 33971

Name and Title: JOHN LAWRENCE, Director

Address: 1515 CLAYTON AVE
LEHIGH ACRES, FL 33972

Name and Title: NOVIA LAWRENCE, Director

Address: 1515 CLAYTON AVE
LEHIGH ACRES, FL 33972

Name and Title: GARDY CLAUDE, Vice President

Address: 1703 CHURCHILL AVE
LEHIGH ACRES, FL 33971

Name and Title: CHAVANNES ALMEUS, Director

Address: 13324 BRISTOL PARK
FORT MYERS, FL 33913

Name and Title SEE ATTACHED FOR REST

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: Registered Agent Solutions, Inc.

Address: 155 Office Plaza Dr. Suite A

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Guilbert A. Salmon

Address: 2919 63rd St W

Lehigh Acres, FL 33971

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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

Jaclyn Wright

Jaclyn Wright, Asst. Secretary

Required Signature/Registered Agent

2/4/2019
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.

Guilbert A. Salmon

Required Signature/Incorporator

02-01-2019
Date

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS (CONT'D.)

STEVE MALCOLM, Director
101 SHADOW LAKES DRIVE
LEHIGH ACRES, FL 33974

HEATHER MALCOLM, Director
101 SHADOW LAKES DRIVE
LEHIGH ACRES, FL 33974

CHRISTINE GORDON, Director
4753 NW 115TH AVE
CORAL SPRING, FL 33076

ANDRE SALMON, Director
2034 VENICE AVE N.
LEHIGH ACRES, FL 33971

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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