

Division of Corporations

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 : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

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

Email Address: lcoast@taxsaversfl.net

FLORIDA PROFIT/NON PROFIT CORPORATION

Jimco Tech Inc

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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: Jimco Tech Inc

ARTICLE II PRINCIPAL OFFICEPrincipal street address
1040 North March Wind Way

Ponte Vedra Beach, Florida 32082

Mailing address, if different is:

67 Mountvale Drive

Toronto, Ontario M1M3E5

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: James Howe Authorized Member

Name and Title:

Address: 67 Mountvale Drive

Address:

Toronto, Ontario M1M3E5

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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: Tax Savers

Address: 1300 Enterprise Dr Ste D

Port Charlotte, FL 33953

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: James Howe

Address: 67 Montvale Drive

Toronto, Ontario M1M3E5

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:*James Howe
Required Signature/Registered Agent03/01/2019
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.*James Howe
Required Signature/Incorporator03/01/2019
Date