

3/11/2019

2019-03-09 15:07 EST

From: Kimberly Laughrey

Division of Corporations

P19000070386

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000081460 3)))



H190000814603ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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**JM Consultants, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2019 MAR 11 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: JM Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

400 4th Ave South 1001

St. Petersburg, FL, 33701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting, Sales

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey Mann - President

Name and Title: _____

Address: 400 4th Ave South 1001

Address: _____

St. Petersburg, FL, 33701

Name and Title: Jeffrey Mann - Director

Name and Title: _____

Address: 400 4th Ave South 1001

Address: _____

St. Petersburg, FL, 33701

Name and Title: Sarah Anderson Vice President

Name and Title: _____

Address: 400 4th Ave South 1001

Address: _____

St. Petersburg, FL, 33701

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: Business Filings Incorporated
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Jeffrey Mann
Address: 400 4th Ave South 1001
St. Petersburg, FL, 33701

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 4/1/19 (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

By: Adria Gaudreault, Asst Sec, Business Filings Incorporated 3-5-2019
Required Signature/Registered Agent 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.

[Signature] 2/25/19
Required Signature/Incorporator Date