

3/11/2019

Division of Corporations

# P19000082407

**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.**

(((H19000082407 3)))



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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

19 MAR 12 AM 9:54  
TALLAHASSEE, FLORIDA

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

Email Address: crest@taxsaversfl.net

## FLORIDA PROFIT/NON PROFIT CORPORATION

Jesse DeMello PA

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$70.00 |

\*Please see the letter attached to the back of the articles

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MAR 13 2019

**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: Jesse DeMello PA**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

2040 Winningway St2040 Winningway StPort Charlotte, FL 33948Port Charlotte, FL 33948**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real Estate Broker or Sales**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jesse DeMello, President

Name and Title: \_\_\_\_\_

Address 2040 Winningway St

Address: \_\_\_\_\_

Port Charlotte, FL 33948

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: Jesse DeMello  
Address: 2040 Winningway St  
Port Charlotte, FL 33948

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Jesse DeMello  
Address: 2040 Winningway St  
Port Charlotte, FL 33948

**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*

Jesse DeMello  
Required Signature/Registered Agent

3/11/2019

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.*

Jesse DeMello  
Required Signature/Incorporator

3/11/2019

Date

3/11/19

Re: Jesse DeMello Inc

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To Whom it May Concern:

I, Jesse DeMello, release the name Jesse DeMello Inc, as I will not be using it again. I understand that I will not be able to reinstate this company.

Thank you,

  
Jesse DeMello, President

