

P19000036429

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

05/02/19--01004--017 **70.00

FILING CANCELLED
DUE TO RETURNED CHECK

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

FILING CANCELLED
DUE TO RETURNED CHECK

SUBJECT: RJ # Associates of Florida, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Rebecca Joseph
Name (Printed or typed)

1700 N Monroe St Suite 218
Address

Tallahassee, FL 32303
City, State & Zip

561-945-2743
Daytime Telephone number

brightfuture89@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILING CANCELLED
DUE TO RETURNED CHECK

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: RJ & Associates of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2425 Torreya Dr Suite 3000B
Tallahassee, FL 32303

1700 N Monroe St Ste 218
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to develop sustainable
start up businesses in communities
to develop or improve to assist in the development
or improvements of small businesses that cater
to disadvantaged communities.

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rebecca Joseph, CEO Name and Title: _____

Address 1700 N Monroe St Address: _____
Suite 218
Tallahassee, FL 32303

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2019 MAY -2 PM 3:20
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

**FILING CANCELLED
DUE TO RETURNED CHECK**

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: Rebecca Joseph
Address: 1700 N Monroe St Ste 218
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rebecca Joseph
Address: 1700 N Monroe St Ste 218
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/1/2019, (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.)

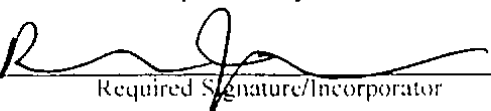
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

5/2/19
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.


Required Signature/Incorporator

5/2/19
Date