P1900048302

(Re	equestor's Name)			
(Ac	ldress)	<u> </u>		
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only

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Company CINI

2018 JEM - 5 AM II : 1

COVER LETTER

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

SUBJECT: Jen Laus	derdate Real Estate, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
S70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	
337.	7 Coppedge Ave.	Address	
		Address	
Jack	sonville,FL 32277		
	City	, State & Zip	· · · · · · · · · · · · · · · · · · ·
904-	463-1072		
	Daytime	Telephone number	
<u>L</u>	Auderdale Center	(es gma: 1. com	rotification

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRINC Coppedge Ave.	Principal street address	Mailin	g address, if different is:
onville,FL 32277			
			
CLE III PURP	<u> </u>		
surpose for which t	he corporation is organized is:		
			201
			(2) (A)
			, 24 -
	<u> </u>		ter earl
· · · · · · · · · · · · · · · · · · ·			
ICLE IV SHAR number of shares of	ES 1,000 shs stock is:		
number of shares of	stock is: AL OFFICERS AND/OR DIRECTORS Jeffrey S. Landardala Director		
number of shares of	AL OFFICERS AND/OR DIRECTORS Jeffrey S Lauderdale, Director 5377 Coppedge Ave	Ē	
number of shares of ICLE V INITIA Name and Title	AL OFFICERS AND/OR DIRECTORS Jeffrey S Lauderdale, Director 5377 Coppedge Ave	Name and Title:	
number of shares of ICLE V INITIA Name and Title	AL OFFICERS AND/OR DIRECTORS Jeffrey S Lauderdale, Director 5377 Coppedge Ave.	Name and Title:	
number of shares of ICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS Jeffrey S Lauderdale, Director 5377 Coppedge Ave.	Name and Title: Address:	
Name and Title Name and Title	Jacksonville,FL 32277	Name and Title: Address: Name and Title:	
number of shares of ICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS Jeffrey S Lauderdale, Director 5377 Coppedge Ave. Jacksonville, FL 32277	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS Jeffrey S Lauderdale, Director 5377 Coppedge Ave. Jacksonville, FL 32277	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS Jeffrey S Lauderdale, Director 5377 Coppedge Ave. Jacksonville, FL 32277	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS Jeffrey S Lauderdale, Director 5377 Coppedge Ave. Jacksonville, FL 32277	Name and Title: Name and Title: Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:
Addres	s	Address:
		
	REGISTERED AGENT	
The <u>name and I</u> Name:	Florida street address (P.O. Box NOT acc Jeffrey S Lauderdale	eptable) of the registered agent is:
Address:	5377 Coppedge Ave	
	Jacksonville,FL 32277	
	INCORPORATOR address of the Incorporator is:	
 	Jeffrey S Lauderdale	
Name:	5377 Coppedge Ave	
Address:	Jacksonville,FL 3277	· · · · · · · · · · · · · · · · · · ·
ARTICLE VIII	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific a	nd cannot be more than five days prior or 90 days after the
•	e inserted in this block does not meet the a	pplicable statutory filing requirements, this date will not be listed
	effective date on the Department of State's	
Having been na	med as registered agent to accept service	of process for the above stated corporation at the place designate
this certificate, I	am familiar with and accept the appointm	ent as registered agent and agree to act in this capacity
D) Coffy	Required Signature/Registered A	6/14/19 Date
//-		Dall
I submit this do		
	cument and affirm that the facts stated h	erein are true. I am aware that the false information submitted gree felony as provided for in s.817.155, F.S.