

06/19/2019

15:55

0000049491

P.001/005

6/13/2019

Division of Corporations

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.

(((H19000186591 3)))



H19000186591 3ABC7

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 : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN 19 PM 12:23

FLORIDA PROFIT/NON PROFIT CORPORATION
Johnson Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

C RICO
JUN 19 2019

2019 JUN 19 PM 3:49

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Johnson Management, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11710 N. 51st Street11710 N. 51st StreetTemple Terrace, FL 33617Temple Terrace, FL 33617**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Management company**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Evan David Johnson, President

Name and Title: _____

Address 11710 N. 51st Street

Address: _____

Temple Terrace, FL 33617

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 JUN 19 PM 12:23

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: Vcorp Services, LLC
Address: 5011 South State Road 7, Suite 106
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa Zanoletti
Address: 25 Robert Pitt Dr. Suite 204
Monsey, NY 10952

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

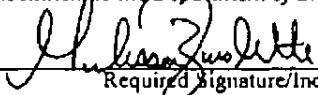
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 Miriam Nachison, Assistant Secretary 06/11/2019
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.

 Melissa Zanoletti, Incorporator 06/11/2019
Required Signature/Incorporator Date

06/19/2019 15:56
850-817-8381

8/17/2019 1:55:40 PM PAGE 1/001 Fax Server

(FAX)845 818 3588

P.005/005



June 17, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: JOHNSON MANAGEMENT, INC
REF: W19000057035

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000186591
Letter Number: 519A00012083