

PI9000056706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

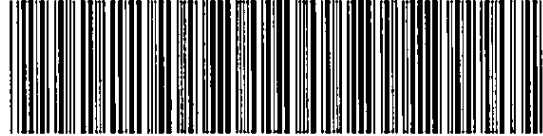
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL 32399

N. SAMS
JUL 22 2019

Terence N. Thurson

Full Service Accounting Firm

8810 Corporate Sq Ct Ste 107

Jacksonville, FL 32216

Tele: (904) 764-7717

Fax: (904) 652-0366

Email: tntrlt1@bellsouth.net

Web: thursonaccounting.com

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TALLAHASSEE, FL 32399

July 1, 2019

RE: P17000084592
Cellmax Jax Inc
Attn: Seddiq Mustafa
9501 Arlington Expressway Ste 300
Jacksonville, FL 32225

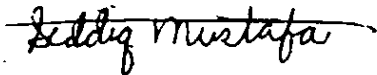
To Whom This May Concern,

The above referenced individual Mr. Seddiq Mustafa is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



Seddiq Mustafa- President

COVER LETTER

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

SUBJECT: CELLMAX JAX 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: SEDDIQ MUSTAFA
Name (Printed or typed)
9501 ARLINGTON EXPRESSWAY SUITE 300
Address
JACKSONVILLE, FL 32225
City, State & Zip
904-524-6480
Daytime Telephone number
SEDDIQMUSTAFA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: CELLMAX JAX INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9501 ARLINGTON EXPRESSWAY SUITE 300

JACKSONVILLE, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEDDIQ MUSTAFA - PRESIDENT

Name and Title: _____

Address 2049 POMPANO PARKWAY

Address: _____

ORANGE PARK, FL 32073

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: TERENCE THURSON
Address: 8810 CORPORATE SQ CT STE 107
JACKSONVILLE, FL 32216

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TALLAHASSEE, FL 09101

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SEDDIQ MUSTAFA
Address: 2049 POMPANO PARKWAY
ORANGE PARK, FL 32073

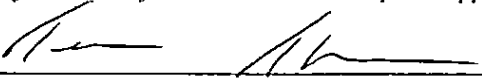
ARTICLE VIII EFFECTIVE DATE:

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.

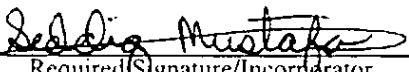
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent
7/1/19

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
7/1/19

Date