

PI9 000066507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

R KEMP

AUG 23 2019



600333683116

600333683116
08/23/19--01005--017 **333.75

19 AUG 23 PM 12:07

FILED

19 AUG 23 AM 1:59

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 8/23/2019

****WALK IN****

ENTITY NAME JEFFREY G. SULLIVAN, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$78.75

CHECK # 6522

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: JEFFREY G. SULLIVAN 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

| | |
|---|---|
| <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Eon S. Nichols, Esq.
Name (Printed or typed)

Cuddy & Feder LLP, 445 Hamilton Avenue, 14th Floor
Address

White Plains, New York 10601
City, State & Zip

914) 761-1300
Daytime Telephone number

enichols@cudyfeder.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: Jeffrey G. Sullivan Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

440 Mamaroneck Avenue, Suite 506

Harrison, New York 10528

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporation may
be organized. The Corporation is not formed to engage in any act or activity requiring the consent or approval of any
state official, department, board, agency, or other body without such consent or approval first being obtained.

ARTICLE IV SHARES

The number of shares of stock is: two hundred (200)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey G. Sullivan, President

Name and Title: _____

Address 440 Mamaroneck Avenue, Suite 506
Harrison, New York 10528

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
19 AUG 23 AM 2:00

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: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

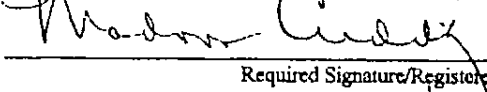
Name: Eon S. Nichols, Esq.
Address: Cuddy & Feder LLP
445 Hamilton Avenue, New York, 10601

ARTICLE VIII EFFECTIVE DATE:

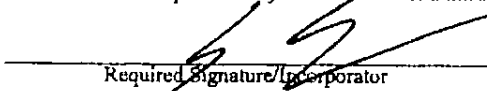
Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____ Madonna Cuddihy 8/22/19
Required Signature/Registered Agent Assistant Secretary 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.

 _____ 8-22-19
Required Signature/Incorporator Date

FILED
19 AUG 23 AM 2:08
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA