

12/26/2019

Division of Corporations

**P1900094719**

Florida Department of State  
Division of Corporations  
Clear the Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : USACORP INC.  
Account Number : I20130000019  
Phone : (718)362-4789  
Fax Number : (718)408-2550

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

Email Address: yzues@hotmail.com

2019 DEC 26 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

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## FLORIDA PROFIT/NON PROFIT CORPORATION

**Jacob Merel Chairs Inc.**

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

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Corporate Filing Menu

Help

*Wollm*  
*Dec 27, 2019*

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**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: JACOB MEREL CHAIRS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17315 NE 12th Ave

North Miami Beach, FL 33162

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Lawful Purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jacob Merel, PRESIDENT

Name and Title:

Address 17315 NE 12th Ave

Address:

North Miami Beach, FL 33162

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: Jacob Merel  
Address: 17315 NE 12th Ave  
North Miami Beach, FL 33162

**ARTICLE VII INCORPORATOR**

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

Name: Jacob Merel  
Address: 17315 NE 12th Av  
North Miami Beach, FL 33162

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**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 business days prior or 90 business 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:*

/s/ Jacob Merel

12/26/2019

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.*

/s/ Jacob Merel

12/26/2019

Required Signature/Incorporator

Date

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