

P20090601253

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TALLAHASSEE, FL 32301

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2020 JAN -7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FL 32301

J. FASON

JAN 09 2020



**Department of State
Division of Corporations**

**Stealth Courier LLC
1531 Commonwealth Business Dr.
Ste 105
Tallahassee, Fl. 32303
850-294-5632**

Stealth Courier Box

Company: JLP Skilled Nursing

COVER LETTER

Stealth Courier box
850 294 5632

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

SUBJECT: JLP Skilled Nursing, 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 type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jennifer Piggett
Name (Printed or typed)

3931 NW 34th Way
Address

Lauderdale Lakes, FL 33309
City, State & Zip

954-446-3374
Daytime Telephone number

advancedinsightaccounting@gmail.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: JLP Skilled Nursing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3931 NW 34th Way
Lauderdale Lakes, FL 33309

Same as principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all lawful
business purposes.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Piggott (PVPO) Name and Title: _____

Address: 3931 NW 34th Way Address: _____
Lauderdale Lakes, FL 33309

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Jennifer Piggott

Address: 3931 NW 34th Way
Lauderdale Lakes, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Piggott

Address: 3931 NW 34th Way
Lauderdale Lakes, FL 33309

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/6/20 (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

Jennifer Piggott
Required Signature Registered Agent

1/6/20
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.

Jennifer Piggott
Required Signature/Incorporator

1/6/20
Date