P20000011

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COVER LETTER

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

SUBJECT:	JMS Planning Incorporated				
	(PROPOSED CORPORA	TTE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the art	ticles of incorporation and	d a check for:		
☐ \$70.00 Filing Fe		\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Jason M Stoddard Name (Printed or typed)				
_	180 East Canal Drive				
	Palm Harbor, Flordia 34684	Address	···········		
_	City, State & Zip				
	727-365-0902				
_	Daytime Telephone number				
	jason.stoddard@att.net				
	E-mail address: (to be used	for future annual report n	otification)		

NOTE: Please provide the original and one copy of the articles.



December 9, 2019

JASON M STRODDARD 180 E CANAL DR PALM HARBOR, FL 34684

SUBJECT: JMS PLANNING INCORPORATED

Ref. Number: W19000105433

We have received your document for JMS PLANNING INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 219A00024940

Shondreka M Bellenger Regulatory Specialist II

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

TREATURE I NAME The name of the corporate	ion shall be: TM5 Pla	nning Incorporated
RTICLE II PRINC	Principal <u>street</u> address	Mailing address, if different is:
180 East Canal Drive		
Palm Harbor, Florida	34684	
RTICLE III PURPO he purpose for which the and inco	one corporation is organized is: to posme planning through	provide Life Insurance yh fixed annuities.
RTICLE V INITIA.	LOFFICERS AND/OR DIRECTORS Jason M. Stroddard - President	Name and Title:
Address	180 East Canal Drive	Address:
	Palm Harbor, Florida 34684	
		Name and Title:
Address		A .J.J
· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Name and Title:		Name and Title:

Name	and Title:	Name and Title:	_
Addre	ess	Address:	_
			
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Joan Gibbons		
Address:	3024 Boaventure Circle #104		
	Palm Harbor, Florida 34684		
<u>ARTICLE VII</u>	<u>INÇORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		
Name:	Jason M Stoddard	<u></u>	
Address:	180 East Canal Drive	•	
	Palm Harbor, Florida 34684		
	I EFFECTIVE DATE:	20	
	if other than the date of filing:	(OPTIONAL) nnot be more than five days prior or 90 days after the	
	ite inserted in this block does not meet the applical effective date on the Department of State's record	ble statutory filing requirements, this date will not be listed ds.	as
	amed as registered agent to accept service of proc I am familiar with and accept the appointment as	cess for the above stated corporation at the place designated registered agent and agree to act in this capacity	d in
	Jour Hillory Required Signature/Registered Agent	10/3/19	
()	Required Signature/Registered Agent	Datc	_
	ocument and affirm that the facts stated herein a e Department of State constitutes a third degree fe	are true. I am aware that the false information submitted to	n a
an umeni in inë	e Department of State Constitutes a trina degree fe		
		10/3/60,9	_
Requ	uired Signature/Incorporator	Date	_