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2/10/2020 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

2020 FEB 10 AM 11:59

FILED

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

Email Address: psfb@comcast.net

FLORIDA PROFIT/NON PROFIT CORPORATION
JANCE, INC

FEB 11 2020

T. SCOTT

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$78.75

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COVER LETTER

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

SUBJECT: JANCE, 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 Filing Fee
- ☒ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: JANCE, INC
Name (Printed or typed)

3758 CLEVELAND AVE
Address

FORT MYERS, FL 33901
City, State & Zip

239-322-7624
Daytime Telephone number

jlfrohman@aol.com
E-mail address: (to be used for future annual report notification)

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

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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: JANCE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
3758 CLEVELAND AVE
FORT MYERS, FL 33901

Mailing address, if different is:
2797 FIRST ST #1801
FORT MYERS, FL 33916

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FROHMAN, JACK L PRES.
Address 2797 FIRST ST #1801
FORT MYERS, FL 33916

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

2020 FEB 10 AM 11:59

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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: FROHMAN, JACK L

Address: 2797 FIRST ST #1801

FORT MYERS, FL 33916

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: FROHMAN, JACK L

Address: 2797 FIRST ST #1801

FORT MYERS, FL 33916

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/07/2020 (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

_____ 02/07/2020

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.

_____ 02/07/2020

Required Signature/Incorporator Date

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