

P20000026771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

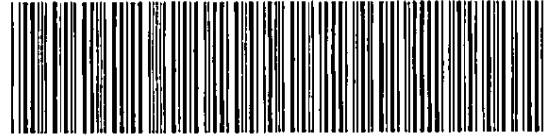
(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAR 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FL

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2020 MAR 25 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT CULTURE
MAR 25 2020

COVER LETTER

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

SUBJECT: JAZZ AGENCY 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JASON SHEBERT
Name (Printed or typed)

2049 CONTINENTAL AVE
Address

TALLAHASSEE, FLORIDA 32304
City, State & Zip

DHH45@protonmail.com 850-221-1793
Daytime Telephone number

DHH45@protonmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2020

JASON SHEBERT
2049 CONTINENTAL AVE
TALLAHASSEE, FL 32304

SUBJECT: JAZZ AGENCY INC
Ref. Number: W20000032478

We have received your document for JAZZ AGENCY INC 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 620A00006602

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

FILED

2020 MAR 27 AM 8:40

ARTICLE I NAME

The name of the corporation shall be: JAZZ AGENCY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2049 Continental Ave
TALLAHASSEE, FLORIDA 32304

SECRETARY OF STATE
TALLAHASSEE, FL
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to function in event planning and
promotion of events.

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JASON M SHEBERT / PRESIDENT Name and Title: _____

Address 2049 Continental Ave Address: _____
Tallahassee, Florida 32304

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Jason Shebert

Address: 2049 Continental Ave

Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

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

Name: Jason M Shebert

Address: 2049 Continental Ave

Tallahassee, FL 32304

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2020 MAR 27 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FL

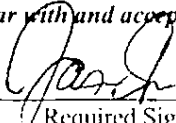
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 23 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.

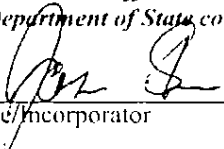
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/27/2020
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.



Required Signature/Incorporator

3/27/2020
Date