10/22/2020

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE

Account Number : 120190000062

Phone

: (239)850-9451

Fax Number

: (866)929~0535

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

psfb@comcast.net

#### FLORIDA PROFIT/NON PROFIT CORPORATION

Design By Jackson

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J. FASON

OCT 23 2020

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#### **COVER LETTER**

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

SUBJECT:	DESIGN BY JACKSON, INC	•	
SUBJECT.	(PROPOSED CORPORA	TE NAME - MUST INCL	JOK SUPPIX)
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.0 Filing Fo	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	PY REQUIRED
rom et a d	JACK L FROHMAN		
FKUM:	Name	(Printed or typed)	
	2797 FIRST ST #1801		
		Address	
	FORT MYERS, FL 33916		
		State & Zip	<u></u>
	239-322-7624		
	Daytime T	elephone number	
	jlfrohman@aol.com		
	E-mail address: (to be use	d for future annual report i	otification)

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

## (H200003673663)

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

RTICLE II PRIN	ICIPAL OFFICE		
3702 CLEVEL	Principal street address AND AVE	Mailing add 2797 FIRST S	ress, if different is: T #1801
	, FL 33901		
TOKI WITERS	, FL 33801	FORT MITERS,	FL 33901
		<del>.</del>	
RTICLE III PUR	PASE 1 the corporation is organized is: _Any an	d all lawful business	
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# (H20000 367 3663)

Name en	d Title:	Name and Title:		
Address		Address:		
			· · · · · · · · · · · · · · · · · · ·	
	REGISTERED AGENT ortha street address (P.O. Box NOT acceptable	) of the registered agent is:		
Name:	JACK L FROHMAN	<del></del> -		
Address;	2797 FIRST ST #1801			
	FORT MYERS, FL 33901			
ARTRCLE VII	INCORPORATOR		•.	20.
The manua and ad	titress of the Incorporator is:	•	· •	020 OCT 22
Name:	JACK L FROHMAN	<u> </u>		CI 2
Address:	2797 FIRST ST #1801		٠ '	·
	FORT MYERS, FL 33901		ا المحاسبة	<b>₹</b> 17 99 C
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Note: If the date the document's ef	inserted in this block does not meet the applicab factive date on the Department of State's record	ele statutory filing requirements.	sts, this date will not	be fisted as
Having been num this cartificate, I d	ned as registered agent to accept service of process familiar with and specify the appaintment as t	ess for the above stated corporagistared agent and agree to	act in this especity	designated in
	Required Signature/Registered Agent		Ded	
document to the D	sment and affirm that the facts stated berein an epartment of State sensembles a third degree fel	re trus. I am aware that the lony as provided for in s.817.1	155, F.S.	abunitted in a