

P 20000098 365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

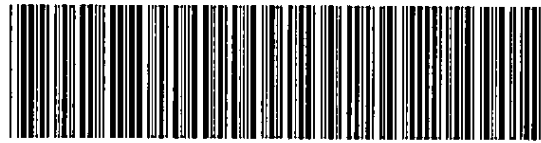
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/18/20--01037--003 ++78.75

Derrick Thompson
12/23/2020

COVER LETTER

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

SUBJECT: Jimmy Pierre MD & Company
(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: Jimmy Pierre
Name (Printed or typed)

3909 Reserve Drive, Apt. 511

Address

Tallahassee, FL 32311

City, State & Zip

305-928-9616

Daytime Telephone number

wildyjimmy@yahoo.fr

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: Jimmy Pierre MD & Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3909 Reserve Drive, Apt. #511

Tallahassee, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law in this state.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jimmy Pierre, MD / CEO Name and Title: _____

Address 3909 Reserve Drive, Apt. 511 Address: _____

Tallahassee, FL 32311

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: Jimmy Pierre

Address: 3909 Reserve Drive, Apt. 511

Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

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

Name: Jimmy Pierre

Address: 3909 Reserve Drive, Apt. 511

Tallahassee, FL 32311

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Jimmy Pierre

Jimmy Pierre (Dec 7, 2020 to 12/15/21)

Required Signature/Registered Agent

Dec 7, 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.

Jimmy Pierre

Jimmy Pierre (Dec 7, 2020 to 12/15/21)

Required Signature/Incorporator

Dec 7, 2020

Date