

P2100035641

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : TRAMILEX LLC
Account Number : 120150000086
Phone : (786) 469-9163
Fax Number : (305) 848-3716

****Enter the email address for this business entity to be used for future
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
JP WINDOWS PATIO COVERS & SHUTTERS INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: JP WINDOWS PATIO COVERS & SHUTTERS 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: PATRICIA RUIZ

Name (Printed or typed)

318 SE 19th TERR

Address

CAPE CORAL, FL 33990

City, State & Zip

(786) 691-0886

Daytime Telephone number

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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FILED

ARTICLES OF INCORPORATION

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

2021 APR 20 PM 3:19

ARTICLE I NAME

The name of the corporation shall be:

JP WINDOWS PATIO COVERS & SHUTTERS INC

SECRETARY OF STATE
TALLAHASSEE, FL**ARTICLE II PRINCIPAL OFFICE**Principal street address

318 SE 19th TERR

Mailing address, if different is:

SAME ADDRESS

CAPE CORAL, FL 33990

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:

PATRICIA RUIZ, P

Name and Title:

Address

318 SE 19th TERR

Address:

CAPE CORAL, FL 33990

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: PATRICIA RUIZ
Address: 318 SE 19th TERR
CAPE CORAL, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICIA RUIZ
Address: 318 SE 19th TERR
CAPE CORAL, FL 33990

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/20/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

PR _____ 04/20/2021
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.

PR _____ 04/20/2021
Required Signature/Incorporator Date

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