

P21 0000 41438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

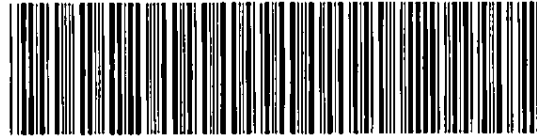
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



500365686295

RECEIVED  
2021 MAY -6 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED  
2021 MAY -6 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

16-1-5

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**[TO]** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**[FROM]** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/5/2021

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 914589

**ORDER ENTITY**  
JT LUXE RENTALS CORP

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**JT LUXE RENTALS CORP ( FL )**

Please file the attached articles and provide a certified copy.

**NOTES:**  
\$78.75 Authorized  
Email address for annual report reminders: paul@delaneycorporate.com

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

2021 MAY - 6 PM 2:55

MAILED

**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: JT LUXE RENTALS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

250 East Colonial Drive, Suite 300

Orlando, FL 32801

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jeremy Troncoso, Officer

Name and Title: \_\_\_\_\_

Address 250 East Colonial Drive, Suite 300

Address: \_\_\_\_\_

Orlando, FL 32801

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FILED  
2021 MAY -6 PM 2:55  
CLERK OF DISTRICT COURT  
JULIA A. JONES

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: Kenneth Schlitt  
Address: 250 East Colonial Drive, Suite 300  
Orlando, FL 32801

**ARTICLE VII INCORPORATOR**

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

Name: Jeremy Troncoso  
Address: 250 East Colonial Drive, Suite 300  
Orlando, FL 32801

2021 MAY -6 PM 2:55  
RECEIVED  
DEPT. OF STATE  
CORPORATION DIV.

**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*

By: /s/ Kenneth Schlitt

5/5/2021

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.*

/s/ Jeremy Troncoso

5/5/2021

Required Signature/Incorporator

Date