

P2100000639/6

(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



300368925003

FILED

2021 JUL 12 PM 12:08

CLERK  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: June Edward 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: June Ferreira  
Name (Printed or typed)

405 Hawthorne Ct  
Address

Indian Harbour Beach FL 32937  
City, State & Zip

508-259-1231  
Daytime Telephone number

juneedward111@gmail.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
TALLAHASSEE, FL  
2021 JUL 12 PM 12:08

**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: June Edward inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

405 Hawthorne CT  
Indian Harbour FLA 32937

1389 County ST  
Somerset MA 02726

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in all low pull business.

FILED  
2021 JUL 12 PM 12:08  
TALLAHASSEE, FL  
CLERK

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000

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

Name and Title: June Ferreira Pres. Name and Title: June Ferreira V. Pres.

Address: 405 Hawthorne CT Address: 405 Hawthorne CT  
Indian Harbour FLA Indian Harbour FLA  
32937 32937

Name and Title: June Ferreira - Sec Name and Title: June Ferreira Manager  
Address: 405 Hawthorne CT Address: 405 Hawthorne CT  
Indian Harbour FLA Indian Harbour FLA  
32937 32937

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: Jim Ferreira  
Address: 405 Hawthorne Ct  
Indian Harbour FL 32937

**ARTICLE VII INCORPORATOR**

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

Name: Jim Ferreira  
Address: 405 Hawthorne Ct  
Indian Harbour FL 32937

**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*

Jim Ferreira  
Required Signature/Registered Agent

6/22/21  
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.*

Jim Ferreira  
Required Signature/Incorporator

6/22/21  
Date

FILED  
2021 JUL 12 PM 12:08  
TALLAHASSEE, FL