## P2100095658

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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RECEIVING

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Priorie: 650-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE : 214674   4382499				
AUTHORIZATION: Spelle le man				
COST LIMIT : \$ 70.00				
ORDER DATE: November 9, 2021				
ORDER TIME : 2:52 PM				
ORDER NO. : 214674-005				
CUSTOMER NO: 4382499				
DOMESTIC FILING				
NAME: TAMARA JACOBS COMMUNICATIONS, INC.				
EFFECTIVE DATE:				
ARTICLES OF INCORPORATION  CERTIFICATE OF LIMITED PARTNERSHIP  ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Eyliena Baker - EXT.				
EXAMINER'S INITIALS:				

## **COVER LETTER**

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

SUBJECT:	a Jacobs Communications, Inc		
ocbole1	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	l 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 o
		ADDITIONAL CO	
FROM:	mara Jacobs Nam  3 Vreeland Rd Ste 104	e (Printed or typed)	
		Address	<del></del>
Flo	rham Park, NJ 07932		
	City	State & Zip	
97:	3-937-6262		
_	Daytime 1	elephone number	
glie	bhauser@rpllc.net		
	E-mail address: (to be use	d for future annual report n	otification)

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)

<u>ICLE II PRINC</u>		14-	:::::::::::::::::::::::::::::::::::	unt iau
Principal <u>street</u> address Central Ave Unit #11E Sarasota, FL 34236			illing address, if differe	
		25B Vreela	ind Rd Ste 104 Flort	nam Park, NJ 07
		·		
ICLE III PURP ourpose for which	OSE consults organized is:	lting		
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				6- AUN 123
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				- 프코 프
ICLE IV SHAR	ES			D: LL
ICLE IV SHAR number of shares of	ES 100 stock is:			
ICLE V INITI	AL OFFICERS AND/OR DIRECTOR			
ICLE V INITI	AL OFFICERS AND/OR DIRECTOR. Tamara Jacobs - President			ភា
ICLE V INITI	AL OFFICERS AND/OR DIRECTOR  Tamara Jacobs - President  E:	S Name and Title:		, <u>, , , , , , , , , , , , , , , , , , </u>
ICLE V INITI Name and Titl	AL OFFICERS AND/OR DIRECTOR  Tamara Jacobs - President  E:	S Name and Title:		, <u>, , , , , , , , , , , , , , , , , , </u>
ICLE V INITI Name and Titl	AL OFFICERS AND/OR DIRECTOR.  E: Tamara Jacobs - President  50 Central Ave Unit #11E	S Name and Title:		, <u>, , , , , , , , , , , , , , , , , , </u>
Name and Titl Address	AL OFFICERS AND/OR DIRECTOR.  E: Tamara Jacobs - President  50 Central Ave Unit #11E	S Name and Title: Address:		f71
Name and Titl Address	AL OFFICERS AND/OR DIRECTOR  Tamara Jacobs - President  50 Central Ave Unit #11E  Sarasota, FL 34236	S Name and Title: Address:		f71
Name and Titl Address Name and Title	AL OFFICERS AND/OR DIRECTOR  Tamara Jacobs - President  50 Central Ave Unit #11E  Sarasota, FL 34236	Name and Title: Address: Address Name and Title:		f71
Name and Titl Address Name and Title	AL OFFICERS AND/OR DIRECTOR  Tamara Jacobs - President  50 Central Ave Unit #11E  Sarasota, FL 34236	Name and Title: Address: Address Name and Title:		f71
Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTOR e: Tamara Jacobs - President 50 Central Ave Unit #11E Sarasota, FL 34236	Name and Title: Address: Name and Title: Name and Title: Address:		571
Name and Title Address  Name and Title Address	AL OFFICERS AND/OR DIRECTOR  Tamara Jacobs - President  50 Central Ave Unit #11E  Sarasota, FL 34236	Name and Title: Address: Name and Title: Name and Title: Address:		571

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Porida street address (P.O. Box NOT acceptab	ole) of the registered agent is:
Name:	Corporation Service Company	
Address:	1201 Hays Street	202
	Tallahassee, FL 32301	SECRETARIA
<u></u>	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Tamara Jacobs	
Address:	50 Central Ave Unit #11E	
	Sarasota, FL 34236	<del></del>
Effective date, i	EFFECTIVE DATE: 07/01/21 fother than the date of filing: date is listed, the date must be specific and c	. (OPTIONAL) cannot be more than five days prior or 90 days after the
	e inserted in this block does not meet the appli effective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed as ords.
Having been nat certificate, I am	med as registered agent to accept service of proc familiar with and accept the appointment as re	cess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity
	Eylina Bahou	11/09/2021
	Required Signature/Registered Agent	
	cument and affirm that the facts stated herein Department of State constitutes a third degree	<u>a are true.</u> I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
1	<del>\</del>	11/9/21
Required Signat	are/Incorporator	Date