

P21 000 103759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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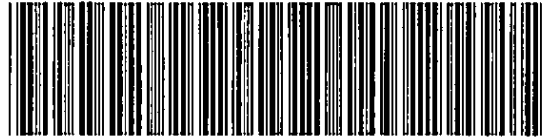
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: JPM/SDA Corporation

(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: John Peter McCabe

Name (Printed or typed)

135 Largs Court #305

Address

Dunedin, Florida 34698

City, State & Zip

727-612-6239

Daytime Telephone number

jmccabe@shrinenet.org

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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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: JPM/SDA Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

135 Largs Court #305

Dunedin, Florida 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: conduct all lawful activities authorized by law,
including but not limited to aviation consulting

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Peter McCabe, President

Name and Title: _____

Address 135 Largs Court #305

Address: _____

Dunedin, Florida 34698

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ED

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: John Peter McCabe
Address: 135 Largs Court #305
Dunedin, Florida 34698

ARTICLE VII INCORPORATOR

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

Name: John Peter McCabe
Address: 135 Largs Court #305
Dunedin, Florida 34698

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/9/21 (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

Required Signature/Registered Agent 12/9/21
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.

Required Signature/Incorporator 12/9/21
Date