

P2200000010659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entry Name)

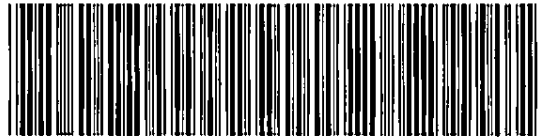
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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 2/14 DANNY

☐ **CERTIFIED COPY**

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INC

**1. JG CARDS INC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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

# 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: JG Cards Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8688 ADDISON PLACE CIRCLE UNIT 107

NAPLES, FLORIDA 34119

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SPORTS CARDS AND MEMORABILIA

## ARTICLE IV SHARES

The number of shares of stock is: 200

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH GRITSER, DIRECTOR

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

Address 8688 ADDISON PLACE CIR UNIT 107

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

NAPLES, FLORIDA 34119

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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OFFICE OF CORPORATION

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: REGISTERED AGENT SOLUTIONS, INC.

Address: 155 Office Plaza Dr. Suite A

Tallahassee, FLORIDA 32301

**ARTICLE VII INCORPORATOR**

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

Name: STEPHAN MONEREAU

Address: 100 WALL STREET STE 503

NEW YORK, NEW YORK 10005

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**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*



01/28/2022

\_\_\_\_\_  
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.*



01/27/2024

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date