

P220000 15552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entry Name)

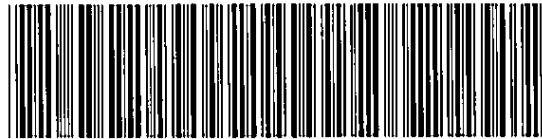
(Document Number)

Certified Copies _____

Certificates of Status _____

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2022 MAR -1 AM 10:08 2022 MAR -1 PM 4:30

SECRETARY OF
TALLAHASSEE, FL
TALLAHASSEE, FL

FILED

2022 MAR -1 AM

SECRETARY OF
TALLAHASSEE, FL
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Jonathan Byers 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Clifford Walker
Name (Printed or typed)

1314 E. US 90AS Blvd Suite 94
Address

Fort Lauderdale, FL 33301
City, State & Zip

(954) 638-7073
Daytime Telephone number

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

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: Jonathan Byers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2901 W. Cypress Creek Rd. Suite 102E
Fort. Lauderdale, FL 33306

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Byers CEO Name and Title: _____

Address: 2901 W. Cypress Creek Rd. Address: _____
Suite 102E
Fort Lauderdale, FL 33306

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2022 MAR -1 AM 10:08
STATE OF FLORIDA
TALLAHASSEE, FL

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: Clifford Walker

Address: 1314 E. 201st Ave Suite 94
Fort Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

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

Name: Clifford Walker

Address: 1314 E. 201st Ave Suite 94
Fort Lauderdale, FL 33301

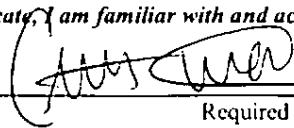
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature/Registered Agent

3/1/2022
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

3/1/2022
Date