

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JL HOLDINGS FL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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RECEIVED

2022 MAR 25 PM 12:00

DIVISION OF CORPORATIONS
CORPORATION
CAPITOL SERVICES

3/28/22

2022 MAR 25 AM 4:38

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COVER LETTER

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

~~XXXXXXXXXX~~ JL Holdings FL, Inc.
SUBJECT: (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: Lynette Holt
Name (Printed or typed)
251 Royal Palm Way, Suite 215
Address
Palm Beach, FL 33480
City, State & Zip
561-669-8080
Daytime Telephone number
gnussel@updaterlabs.com
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

ARTICLE I NAME ~~100 Holdings, Inc.~~ JL Holdings FL, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
18816 S Golden Hawk Trail
Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful business.

ARTICLE IV SHARES

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Glynda E. Russell, President/Secretary

Name and Title: _____

Address

18818 S Golden Hawk Trail

Address:

Jupiter, FL 33458

Name and Title: Edward J. DeBrea, Treasurer

Name and Title: _____

Address

18616 S Golden Hawk Trail

Address:

Jupiter, FL 33468

Name and Title:

Name and Title: _____

Address

Address:

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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: Capitol Corporate Services, Inc.
Address: 515 East Park Ave, 2nd Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Raymond
Address: 251 Royal Palm Way, Ste 215
Palm Beach, FL 33480

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

Taylor Seay Taylor Seay, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.
Required Signature/Registered Agent

3-25-2022

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.

John C. Raymond Jr.

Required Signature/Incorporator

3-25-2022

Date

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