

P22000032408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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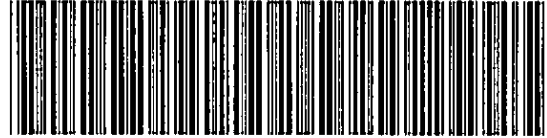
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 APR 11 AM 1:07
STATE
OF FLORIDA

COVER LETTER

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

PART OF A MERGER

SUBJECT: JAK Schimdt, 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 ☐ \$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: Slingshot, LLC
Name (Printed or typed)
320 Gold Ave. SW, Ste. 620
Address
Albuquerque, NM 87102
City, State & Zip
505-715-5700
Daytime Telephone number
FILINGS@L4SB.COM
E-mail address: (to be used for future annual report notification)

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NOTE: Please provide the original and one copy of the articles.

PART OF A MERGER

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: JAK Schmidt, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

320 Gold Ave. SW, Ste. 620 PMB 2534

Albuquerque, NM 87102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kurtis Schmidt, President/Director

Name and Title: Jennifer Schmidt, Secretary/Director

Address 320 Gold Ave. SW

Address: 320 Gold Ave. SW

Ste. 620 PMB 2534

Ste. 620 PMB 2534

Albuquerque, NM 87102

Albuquerque, NM 87102

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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 Agents Inc.

Address: 7901 4th St. N, Ste 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: Laurence S. Donahue, Esq.

Address: 320 Gold Ave. SW, Ste. 620

Albuquerque, NM 87102

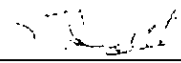
ARTICLE VIII EFFECTIVE DATE:

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

02/23/2022

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

02/23/2022

Date

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