

P22000034013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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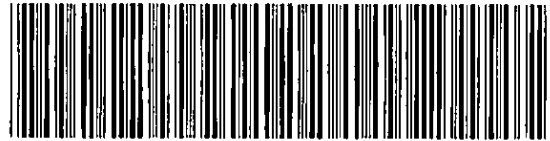
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY -9 PM 1:43
STATE
TALLAHASSEE, FL

RECEIVED
2022 MAY -9 PM 1:28
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CJ DAVID, 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: Joe Power
Name (Printed or typed)

555 W. GRANADA BLVD STE 1
Address

ORLANDO BEACH, FL. 32174
City, State & Zip

866-587-7070 x 31
Daytime Telephone number

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

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

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: CJ DAVID, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address <u>1473 SPRINGLEAF DR.</u> <u>ORMOND BEACH, FL 32174</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>CHRISTOPHER J. DAVID P.</u> Address: <u>1473 SPRINGLEAF DR</u> <u>ORMOND BEACH, FL 32174</u>	Name and Title: <u>Sec. & TREAS.</u> Address: _____ _____ _____
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Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
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Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
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CLERK OF DISTRICT COURT
JACKSONVILLE, 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: Joe Power

Address: 555 W. Granada Blvd Ste C1
ORMOND BEACH, FL 32174

ARTICLE VII INCORPORATOR

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

Name: Joe Power

Address: 555 W. Granada Blvd Ste C1
ORMOND BEACH, FL 32174

STATE OF FLORIDA
DEPARTMENT OF STATE

2022 MAY -9 PM 1:43

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 7, 2022. (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

[Signature]
Required Signature/Registered Agent

5/9/22
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.

[Signature]
Required Signature/Incorporator

5/9/22
Date