

**P2200034127**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000144557 3)))



H220001445573ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : WF TAXES AND MORE INC.  
Account Number : I20200000043  
Phone : (772)879-0010  
Fax Number : (772)879-0150

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

Email Address: WFTAXES.MORE@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CJG SERVICES FL INC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

RECEIVED  
2022 MAY -9 PM 4:08  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY -9 PM 1:27

FILED

850-617-6381

5/4/2022 11:15:44 AM PAGE 1/001 Fax Server



May 4, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WF TAXES AND MORE

SUBJECT: CJG SERVICES FL INC  
REF: W22000057860

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H22000144557  
Letter Number: 122A00010312

**COVER LETTER**

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

**SUBJECT:** CJG SERVICES FL 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:** CHRIS N MERCADO  
Name (Printed or typed)

2430 SW WEBSTERN LN  
Address

PORT ST. LUCIE, FL 34953  
City, State & Zip

772-259-0744  
Daytime Telephone number

WFTAXES.MORE@GMAIL.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: CJG SERVICES FL INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address Mailing address, if different is:  
2430 SW WEBSTERN LN  
PORT ST. LUCIE, FL 34953

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND LEGAL BUSINESS

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CHRIS N MERCADO, PRESIDENT Name and Title: \_\_\_\_\_

Address 2430 SW WEBSTERN LN Address: \_\_\_\_\_  
PORT ST. LUCIE, FL 34953

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

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

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

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

2022 MAY -9 PM 11:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

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

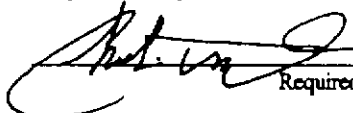
**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CHRIS N MERCADOAddress: 2430 SW WEBSTERN LNPORT ST. LUCIE, FL 34953**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: WALTER GOMEZAddress: 508 SW PORT ST. LUCIE BLVDPORT ST. LUCIE, FL 349532022 MAY -9 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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

04/28/2022

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

04/28/2022

Date