

5/10/22, 1:13 PM

Division of Corporations  
 Florida Department of State  
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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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2022 MAY 10 AM 11:51

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**JIMMY CONSTRUCTION INC**

Certificate of Status	1
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 COMMERCIAL  
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MAY 11 2022

**COVER LETTER**

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

**SUBJECT: JIMMY CONSTRUCTION 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: JIMMY RUIZ VASQUEZ  
Name (Printed or typed)

221 SW PALM DR APTD 108  
Address

PORT ST LUCIE, FL 34986  
City, State & Zip

772-475-2118  
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: JIMMY CONSTRUCTION INC**ARTICLE II PRINCIPAL OFFICE**Principal street address221 SW PALM DR APTD 108PORT ST LUCIE, FL 34986

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JIMMY RUIZ VASQUEZ, P

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

Address 221 SW PALM DR APTD 108

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

PORT ST LUCIE, FL 34986Name and Title: LUZ BAQUERO BALLEST, VP

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

Address 221 SW PALM DR APT 108

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

PORT ST LUCIE, FL 34986

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: JIMMY RUIZ VAZQUEZ  
Address: 221 SW PALM DR APTO 108  
PORT ST LUCIE, FL 34986

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: WALTER GOMEZ  
Address: 508 SW PORT ST BLVD  
PORT ST LUCIE, FL 34953

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TALLAHASSEE, FLORIDA

**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  
Date 04/25/2022

*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  
Date 04/25/2022