

To:

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2022-06-02 05:56:45 PDT

LegalZoom.com, Inc.

From: Kayla Butler

**PZU000WAZ973**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**J&J Comerford Inc.**

Certificate of Status	0
Certified Copy	1
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**COVER LETTER**

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

**SUBJECT:** J&J Comerford 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:** Cheyenne Moseley, Legalzoom.com, Inc.

Name (Printed or typed)

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City, State & Zip

323-962-8600 ext. 7625

Daytime Telephone number

ramanagement@legalzoom.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: J&J Comerford Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

285 Wishing Well Cir SW., Palm BayFlorida 32908**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CHIROPRACTIC PHYSICIAN**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jason Comerford (P,T)Name and Title: Jeanette Comerford (S,D)Address: 285 Wishing Well Cir SW,  
Palm Bay, Florida 32908Address: 285 Wishing Well Cir SW,  
Palm Bay, Florida 32908

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

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

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

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

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

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

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

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

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

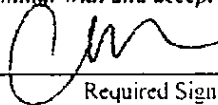
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: United States Corporation Agents, Inc.Address: 5575 S. Semoran Blvd. Suite 36,  
Orlando, FL 32822**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Cheyenne Moseley, Legalzoom.com, Inc.Address: 101 N. Brand Blvd., 11th Floor,  
Glendale, CA 91203FILED  
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CLERK OF STATE  
TALLAHASSEE, FL**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*

6/2/2022

Required Signature/Registered Agent

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.*

Cheyenne Moseley, Legalzoom.com, Inc.

Required Signature/Incorporator

Date