

6/23/22, 4:00 PM

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P22000051514

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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

RECEIVED
2022 JUN 23 PM 3:26
REGISTRATION
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION J PALACE CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: J PALACE CORP

(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: JOSHUA PALACIOS
Name (Printed or typed)

153 NW BERKELEY AVENUE
Address

PORT ST. LUCIE, FL 34986
City, State & Zip

772-284-7950
Daytime Telephone number

WFTAXES.MORE@GMAIL.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.

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 PALACE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
153 NW BERKELEY AVENUE
PORT ST. LUCIE, FL 34986

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSHUA PALACIOS PRESIDENT

Name and Title: _____

Address 153 NW BERKELEY AVENUE
PORT ST. LUCIE, FL 34986

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: JOSHUA PALACIOS
 Address: 153 NW BERKELEY AVENUE
PORT ST. LUCIE, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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


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

 06/20/2022
 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.

 06/20/2022
 Required Signature/Incorporator Date

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