7/6/22, 10:27 AM

## on of Corporations **Electronic Filing Cover Sheet**

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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 futureannual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION J&B INSURANCE CONSULTANTS INC

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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**風1** of

## **COVER LETTER**

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

SUBJECT: J&B	INSURANCE CONSULTANTS I (PROPOSED CORPORA)	NC TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	7	
□ \$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 CO	PY REQUIRED		
				2022 JUL	;
FROM:		PERALTA (Printed or typed)		II 6	
	9536 SV	VOTTER LANE		PH	ا ا ا ا ر تحد ا مهار الا
<del></del>	A	ddress			-
		RT, FL 34997			
	City, S	State & Zip			
	561-	215-2889			
	Daytime Te	elephone number			
		ORE@GMAIL.COM			
<del></del> -	E-mail address: (to be used	for future annual report r	notification)		

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

(9)

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	on shall be:	CE CONSULTANTS INC	
ARTICLE II PRINCI. P 9536 SW OTTER LANI		Mailing	address, if different is:
ARTICLE III PURPOS The purpose for which the	SE corporation is organized is:	ANY AND ALL LEGAL BUSINESS	
ARTICLE IV SHARES The number of shares of st			9022 JUL 6
-	OFFICERS AND/OR DIRECT BRIAN PERALTA PRESIDENT	ORS  Name and Title:	PH - 3
Address _	9538 SW OTTER LANE STUART, FL 34997	Address:	二 <u>二二</u>
Name and Title:_	JENNY GUERRA, VICE PRESIDENT	Name and Title:	
Add <del>re</del> ss _	9536 SW OTTER LANE STUART, FL 34997	Address:	
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:  BRIAN PERALTA  Address:  9536 SW OTTER LANE  STUART, FL 34997  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  Name:  WALTER GOMEZ  Address:  908 SW PORT ST LUCIE, FL 34953  PORT ST. LUCIE, FL 34953  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 startutory 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  I submit this document and afflight that the facts stated herein are true. I am aware that the facts information submitted in a document to thell peparament of State constitutes a third degree felony as provided for in s. 817.155, F.S.  OT/08/2022  Required Signature/Registered Agent  Date  OT/08/2022  Required Signature/Registered Agent as provided for in s. 817.155, F.S.  OT/08/2022	Name and Title	•	Name and Title:	
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