

7/6/22, 10:27 AM

Division of Corporations
P22000054059
 Florida Department of State
 Division 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 future annual report mailings. Enter only one email address please.****

Email Address: wftaxes.more@gmail.com

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

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

RECEIVED

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CORPORATIONS
 SPECIAL SERVICES

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: J&B INSURANCE CONSULTANTS 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: BRIAN PERALTA
 Name (Printed or typed)

9536 SW OTTER LANE
 Address

STUART, FL 34997
 City, State & Zip

561-215-2889
 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&B INSURANCE CONSULTANTS INC

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address Mailing address, if different is:
9536 SW OTTER LANE
STUART, FL 34997

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: BRIAN PERALTA, PRESIDENT Name and Title:
Address 9536 SW OTTER LANE Address:
STUART, FL 34997

Name and Title: JENNY GUERRA, VICE PRESIDENT Name and Title:
Address 9536 SW OTTER LANE Address:
STUART, FL 34997

Name and Title: Name and Title:
Address Address:

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STUART, FL

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: 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)

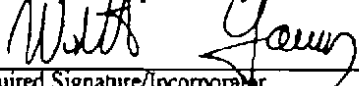
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 07/06/2022
 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.

 07/06/2022
 Required Signature/Incorporator Date

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