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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : I20170000034 Phone : (239)689-1096 Fax Number : (239)791-8132

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Legal Qynus-advocates.ors

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## FLORIDA PROFIT/NON PROFIT CORPORATION JAUSS, INC

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## **COVER LETTER**

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

SUBJECT:	JAUSS, INC				
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an original	inal and one (1) copy of the artic	les of incorporation and	l 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 CO	PY REQUIRED		
FROM:	RITA JACKMAN Name	(Printed or typed)			
	2050 MCGREGOR BLVD				
	Address FORT MYERS, FL 33901				
City, State & Zip					
	Daytime Telephone number				
LEGAL@YOUR-ADVOCATES.ORG					
E-mail address: (to be used for future annual report notification)					

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

From Brenda Allen 1.239.695.7598 Wed Sep 7 14:15:00 2022 UTC Page 3 of 4

## ARTICLES OF INCORPORATION

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

C	<u> TPAL OFFICE</u>		
	Principal street address	Mai	ling address, if different is:
2050 MCGREGO			-
FORT MYERS,	Ft. 33901	<del></del>	
ICLE III PURP	OSF	<del></del>	
purpose for which t	he corporation is organized is: AN	Y AND ALL LAWFUL BU	JSINESS
			یم
			7
			C. i.
<del></del>			38.5
			35 5 10 PM
ICLEIV SHAR	4 1 100		95
number of shares of	stock is: 100		
ICLE V INITIA	L OFFICERS AND/OR DIRECTOR	<u>s</u>	<u> </u>
	L OFFICERS AND/OR DIRECTOR		~
	DAVID JAUSS, PRES.	Name and Title:	~
Name and Title	DAVID JAUSS, PRES.	Name and Title: Address:	
Name and Title	E: DAVID JAUSS, PRES.  2050 MCGREGOR BLVD	Name and Title:	
Name and Title Address	DAVID JAUSS, PRES.  2050 MCGREGOR BLVD  FORT MYERS, FL 33901	Name and Title: Address:	
Name and Title Address  Name and Title	DAVID JAUSS, PRES.  2050 MCGREGOR BLVD  FORT MYERS, FL 33901	Name and Title:	
Name and Title Address	DAVID JAUSS, PRES.  2050 MCGREGOR BLVD  FORT MYERS, FL 33901	Name and Title:	
Name and Title Address  Name and Title	DAVID JAUSS, PRES.  2050 MCGREGOR BLVD  FORT MYERS, FL 33901	Name and Title:	
Name and Title Address  Name and Title Address	E: DAVID JAUSS, PRES.  2050 MCGREGOR BLVD  FORT MYERS, FL 33901	Name and Title:  Address:  Name and Title:  Address:	
Name and Title Address  Name and Title Address	DAVID JAUSS, PRES.  2050 MCGREGOR BLVD  FORT MYERS, FL 33901	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	
Name and Title Address  Name and Title Address	E: DAVID JAUSS, PRES.  2050 MCGREGOR BLVD  FORT MYERS, FL 33901	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	

Name a	and Title:	Name and Title:
Addre	ss	Address:
	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	RITA JACKMAN	•
Address:	2050 MCGREGOR BLVD	
	FORT MYERS, FL 33901	~ ~
ARTICLE VII	INCORPORATOR	122 SEP
The name and a	address of the Incorporator is:	AS.
Name:	RITA JACKMAN	— SER
Address:	2050 MCGREGOR BLVD	AH IO: 2
	FORT MYERS, FL 33901	ORIGINAL PROPERTY OF THE PROPE
Effective date, i (If an effective filing.)  Note: If the dat	dute is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the icable statutory filing requirements, this date will not be listed as cords.
Having been na certificate, I am	med as registered upent to accept service of pro familial with and geocor the appointment	cess for the above stated corporation at the place designated in this egistered agent and agree to act in this capacity
	Required Signature/Registered Ager	Date
I submit this do document to the	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a Jelony as provided for in s.817.155, F.S.
	TA JACKMAN	09/07/2022
Required Signat	ure/Incorporator	Date