

P24000003928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

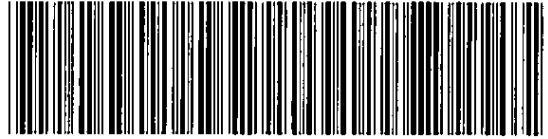
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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2024

JAN 17 12:11

RECEIVED  
2024 JAN 17 PM 2:48  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 1/17/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1223444

**ORDER ENTITY**

JI PARTNERS, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

JI PARTNERS, INC. ( FL )

Please file the attached articles and provide a certified copy.

**NOTES:**

\$78.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

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

**SUBJECT:** JI Partners, 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:** Jarrett Gorlin  
Name (Printed or typed)  
701 North Fort Lauderdale Beach Blvd. 1606  
Address  
Fort Lauderdale, FL 33304  
City, State & Zip  
404-702-5035  
Daytime Telephone number  
Jgorlin@gmail.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: JI Partners, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
701 North Fort Lauderdale Beach Blvd. 1606  
Fort Lauderdale, FL 33304

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: software

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares @ \$0.001 par

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jarrett Gorlin, President

Name and Title: Jarrett Gorlin, Director

Address: 701 North Fort Lauderdale Beach Blvd.  
1606  
Fort Lauderdale, FL 33304

Address: 701 North Fort Lauderdale Beach Blvd.  
1606  
Fort Lauderdale, FL 33304

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

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

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

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

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

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

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

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: NRAI Services, Inc.

Address: 1200 South Pine Island Road Plantation,  
Florida 33324

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: HARVEY KESNER, ESQ.

Address: 305 Broadway Suite #700  
New York, NY 10007

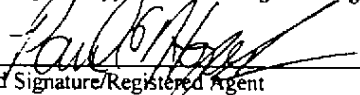
**ARTICLE VIII EFFECTIVE DATE:**

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*

By: NRAI Services, Inc.  
  
Required Signature/Registered Agent

1/16/24  
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.*

/s/ HARVEY KESNER, ESQ.  
\_\_\_\_\_  
Required Signature/Incorporator

1/16/24  
\_\_\_\_\_  
Date