P24000007315

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	of Status
· ——-		<u>-</u>
		
Special Instructions to Fil	ing Officer:	

Office Use Only



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7.12

. FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$70.00 AUTHORIZATION SIGNATURE: JNJ Unlimited Corp **BUSINESS** Document Pick up time Walk in Mail out Will wait Certified copy of articles ___ Certificate of Status **AMMENDMENTS** NEW FILINGS Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other . Conversion X CORP REGISTERATION/QUALIFICATIONS **OTHER FILINGS** ___ Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Other ____ APOSTIL () **_** Country

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE. FL 32309 (850) 524-5437 (850) 524-624

EXAMINER'S INITIALS:_____

	ACCOUNT: I20210000160: \$70.00	
AUTHORIZATION SIGNATURE:	- full-	
JNJ Unlimited Corp		
BUSINESS	Document	
Walk in	Pick up time	
Mail out	Will wait	
Certified copy of articles		
Certificate of Status		
NEW FILINGS	<u>AMMENDMENTS</u>	
Profit	Amendment	
Not for Profit	Resignation of R.A. Officer/Director	
Limited Liability	Change of Registered Agent Dissolution/Withdrawal	
Domestication Other	Dissolution/ withdrawai	
X CORP	Conversion	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS	
Annual Report	Foreign filing	
	Limited Partnership	
Fictitious	Reinstatement	
APOSTIL ()	Other	
Country		

COVER LETTER

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

SUBJECT: JNJ U			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	la chack for
	smar and one (1) copy of the at	ticles of incorporation and	ra 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
		ADDITIONAL CO	
FROM: Je	nette Nicole Klaschus		
		e (Printed or typed)	·
65 ⁻	11 Seminole Drive		
		Address	
Lar	ntana, Florida 33462		
	City,	State & Zip	
332	24007633		
	Daytime T	elephone number	
clos	ings@bollacilegal.com		
		for future annual report no	ntification)

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)

ICLE I NAM	Eration shall be: JNJ Unlimited Corp	
TICLE II PRIN		
Seminole Drive	Principal street address	Mailing address, if different is
ana, Florida 33462		
		
TIÇ <u>LE I</u> II PURI	POSE	
purpose for which	the corporation is organized is: any and	all lawful business.
· · · · · ·		
_		
<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	
TICLE IV SHA	RES	
number of shares of	of stock is: 100	
TICLE V _ INITI	IAL OFFICERS AND/OR DIRECTORS	
Name and Tit	lle: Jeneπe Nicole Klaschus Pres.	Name and Title:
Address	6511 Seminole Drive	Address:
Address		Address:
	Lantana, FL 33462	
		<u> </u>
Name and Titl	e:	Name and Title:
Address		Address:
		<u> </u>
		_
Name and more		N. 1771
Name and Title	e:	Name and Title:
Address		Address:

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
			
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Jenette Nicole Klaschus	o, or me replaced agent is.	
Address:	6511 Seminole Dr		
	Lantana, FL 33462		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ac	ddress of the Incorporator is:		
Name:	Jenette Nicole Klaschus		
Address:	6511 Seminole Dr		
	Lantana, FL 33462		
Effective date, if (If an effective d filing.)	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and car	nnot be more than five days	prior or 90 days after the
the document's et	inserted in this block does not meet the applica fective date on the Department of State's recor	ble statutory filing requiremends.	nts, this date will not be listed as
Having been nam certificate, I am fo	ed as registered agent to accept service of proces amiliar with and accept the appointment as regis	ss for the above stated corporat stered agent and agree to act in	tion at the place designated in this n this capacity
	Required Signature/Registered Agent		1-25-2024
I submit this doci document to the D	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel		Date
Required Signatur	MK		false information submitted in a 55, F.S. Date \[\frac{1-25-2024}{\times_2} \]
			202 4 .

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