

P24000050315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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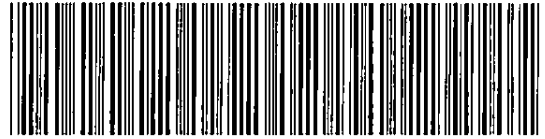
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600432732386

08/07/24--01005--012 **70.00

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TALLAHASSEE, FLORIDA

MS

COVER LETTER

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

SUBJECT: JUS 4 HER INVESTMENTS, 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: Kristie Jones
Name (Printed or typed)

2351 W. Atlantic Blvd, #669494
Address

Pompano Beach, FL 33066
City, State & Zip

954-934-2250
Daytime Telephone number

kristiejones954@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: JUS 4 HER INVESTMENTS, INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>2351 W. Atlantic Blvd, #669494</u> <u>Pompano Beach, FL 33066</u> _____	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Kristie Jones, President</u> Address <u>2351 W. Atlantic Blvd, #669494</u> <u>Pompano Beach, FL 33066</u> _____	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address _____ _____	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address _____ _____	Name and Title: _____ 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: Kristie Jones

Address: 2351 W. Atlantic Blvd, #669494

Pompano Beach, FL 33066

ARTICLE VII INCORPORATOR

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

Name: Kristie Jones

Address: 2351 W. Atlantic Blvd, #669494

Pompano Beach, FL 33066

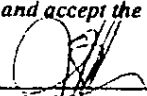
ARTICLE VIII EFFECTIVE DATE:

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

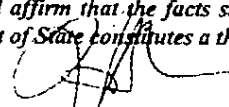


Required Signature/Registered Agent

8/6/2024

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.



Required Signature/Incorporator

8/6/2024
Date