

P970000005934

Maria Bologna

(Requestor's Name)

409 Manchester St.

(Address)

Boca Raton, FL 33487 (561) 420-9338

(City, State, Zip)

(Phone #)

cpayw
561-998-8832

700002064417--8

-01/22/97--01019--020

****122.50 ****122.50

OFFICE USE ONLY

700002064417--8

-01/22/97--01019--021

****10.00 ****10.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. J.R.M. Inc. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

EXAMINER'S INITIALS

TRANSMITTAL LETTER

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

SUBJECT: _____

J.R.M. INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

*I have
enclosed
ck for \$122.50
Mrs. Sandy N.G.
plus \$10.00
cash for
difference.*

FROM: _____

GIUSEPPINA BOLOGNA
Name (Printed or typed)

489 MANCHESTER ST.
Address

BOCA RATON, FL. 33487
City, State & Zip

561-241-7148
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 16, 1997

MARIA BOLOGNA
409 MANCHESTER ST.
BOCA RATON, FL 33487

SUBJECT: J.R.M. (JOINT RADIATING MEDICAL)
Ref. Number: W97000001153

✓ ① We have received your document for J.R.M. (JOINT RADIATING MEDICAL). However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

✓ ② The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

✓ ③ Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

✓ ④ Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

✓ ⑤ The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

✓ ⑥ We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 797A00002329

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
97 JAN 21 AM 9:34
SEC.
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

J.R.M., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

409 MANCHESTER ST.
BOCARATON, FL. 33487

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GIUSEPPINA BOLOGNA
489 MANCHESTER ST.
BOCARATON, FL. 33487

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GIUSEPPINA Bologna
489 Manchester St.
BOCA RATON, FL 33487 } President
(300 shares)

MARIA Bologna
409 Manchester St.
BOCA, FL 33487 } Secretary & Treasurer
(500 shares)

HANS HOLDORF
408 Manchester St.
BOCA RATON, FL 33487 } Asst. President
(200 shares)

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of January, 19 97.

(An additional article must be added if an effective date is requested.)

Giuseppina Bologna
Signature
Maria Bologna
Signature
Hans Holdorf
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is J. R. M., INC.

2. The name and address of the registered agent and office is:

GIUSEPPINA BOLOGNA
(NAME)

489 MANCHESTER ST.
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

BOCA RATON, FL. 33487
(CITY/STATE/ZIP)

FILED
97 JAN 21 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Giuseppina Bologna
(SIGNATURE)

January 16, 1997
(DATE)