

TRANSMITTAL LETTER

P 99 0000 61057

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

FILED
99 JUL -2 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: JOSEPHS AND CO., INC.
(Proposed corporate name - must include suffix)

600002922466--8
-07/02/99--01071--012
*****70.00 *****70.00

Enclosed is 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: CLEVE A.A. JOSEPHS
Name (Printed or typed)
8107 ST. ALBANS DRIVE
Address
ORLANDO, FL 32835
City, State & Zip
407 - 294 - 8744
Daytime Telephone number

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

F. CHESER JUL 8 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Josephs and Co., Inc.

ARTICLE II PRINCIPAL OFFICE

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

8107 Saint Albans Drive
Orlando, Florida 32835

ARTICLE III SHARES

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

One thousand (1000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

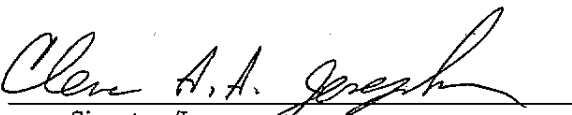
The name and Florida street address of the initial registered agent are:

Cleve A. A. Josephs
8107 Saint Albans Drive
Orlando, Florida 32835

ARTICLE V INCORPORATOR

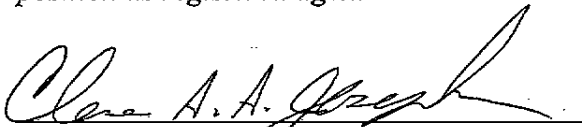
The name and address of the incorporator to these Articles of Incorporation are:

Cleve A. A. Josephs
8107 Saint Albans Drive
Orlando, Florida 32835


Signature/Incorporator

JUNE 30, 1999
Date

Having been named as registered agent and to accept service of process 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


Signature/Registered Agent

JUNE 30, 1999
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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