

PA 000055138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

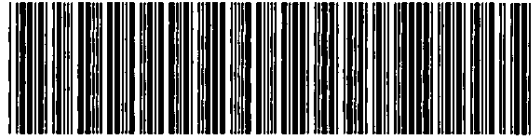
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800261364188

06/23/14--01002--009 **70.00

FILED
14 JUN 23 PM 4:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: 101-107 SOUTH J, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: PATTI D SALEEBY
Name (Printed or typed)

4300 SIX FORKS ROAD
Address

RALEIGH, NORTH CAROLINA 27609
City, State & Zip

919.716.2876
Daytime Telephone number

PATTI.SALEEBY@FIRSTCITIZENS.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: 101-107 South J, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address: 4300 Six Forks Road, Mail Code FCC22
Mailing address, if different is: _____
Raleigh, North Carolina 27609

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To Engage in Any Lawful Business

ARTICLE IV SHARES 100,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: N/A Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

14 JUN 23 PM 4: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: C T Corporation System
 Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Elizabeth Ostendorf
 Address: 4300 Six Forks Road
Raleigh, North Carolina

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

C T Corporation System
 By: Michael Seraphin Michael Seraphin Asst. Secretary 6/16/2014
 Required Signature/Registered Agent 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.

Elizabeth Ostendorf 6/16/14
 Required Signature/Incorporator Date

Elizabeth Ostendorf 6/17/14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 14 JUN 23 PM 4: 13
 P11 511