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## COVER LETTER

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

SUBJECT: J Frizzelle, Co.  
(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: James T Frizzelle, Jr  
Name (Printed or typed)

9121 Tottenham Ct  
Address

Jacksonville FL 32257  
City, State & Zip

904-553-6192  
Daytime Telephone number

Jt-frizz@hotmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

2011 JUL -7 PM 2:30

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



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11 JUL -7 AM 10:29

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2011

JAMES T FRIZZELLE, JR.  
9121 TOTTENHAM COURT COURT  
JACKSONVILLE, FL 32257

SUBJECT: J FRIZZELLE, CO.  
Ref. Number: W11000033744

We have received your document for J FRIZZELLE, CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00015205

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:

J Frizzelle, Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9121 TOTTENHAM CT  
JACKSONVILLE FL

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

32257  
Provide high Quality Health Care

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAMES T FRIZZELLE, JR - OWNER

Address: 9121 TOTTENHAM CT

JACKSONVILLE FL 32257

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Address:

JAMES T FRIZZELLE, JR - OWNER

9121 TOTTENHAM CT

JACKSONVILLE FL 32257

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Address:

JAMES T FRIZZELLE, JR

9121 TOTTENHAM CT

JACKSONVILLE FL 32257

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

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

Date

JT\_Frizz@Hotmail.com

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2011 JUL -7 PM 2:38

FILED

July 6, 2011

July 16, 2011