P13000021820

(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

400245228374

03/08/13--01016--009 **70.00

FILED
13 MAR -8 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
3/11/13

COVER LETTER

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

SUBJECT: JAMES STALLINGS, 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: M. Joan Kroll, EA
Name (Printed or typed)

P. O. Box 308
Address

Wauchula, FL 33873
City, State & Zip

863 773 9469
Daytime Telephone number

mjkroll1@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)

FILED
13 MAR -8 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: James Stallings, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
200 N. Florida Ave
Wauchula, FL 33873

Mailing address, if different is:
Post Office Box 1865
Wauchula, FL 33873

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Sales of Real Estate, Investments in Real Estate

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Stallings, Pres
Address: P.O. Box 1865
Wauchula, FL 33873

Name and Title:
Address:

Name and Title: James Stallings, Sec'y
Address: P. O. Box 1865
Wauchula, FL 33873

Name and Title:
Address:

Name and Title: James Stallings, Tres
Address: P. O. Box 1865
Wauchula, FL 33873

Name and Title:
Address:

(conti.)

FILED

13 MAR -8 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: M. Joan Kroll, EA

Address: 200 No Florida Ave

Wauchula, FL 33873

ARTICLE VII INCORPORATOR

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

Name: James Stallings

Address: P.O. Box 1865

Wauchula, FL 33873

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

M Joan Kroll
Required Signature/Registered Agent

3-4-13
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

3-4-13
Date