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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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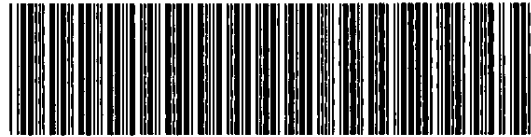
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 ☐ \$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: 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)

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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 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>James Stallings, Pres</u>	Name and Title:	_____
Address	<u>P.O. Box 1865</u>	Address:	_____
	<u>Wauchula, FL 33873</u>		_____

Name and Title:	<u>James Stallings, Sec'y</u>	Name and Title:	_____
Address	<u>P. O. Box 1865</u>	Address:	_____
	<u>Wauchula, FL 33873</u>		_____

Name and Title:	<u>James Stallings, Tres</u>	Name and Title:	_____
Address	<u>P. O. Box 1865</u>	Address:	_____
	<u>Wauchula, FL 33873</u>		_____

(cont.)

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Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
Required Signature/Incorporator

3-4-13
Date