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PICK-UP WAIT MAIL

(Business Entity Name)

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OCT 12 2015
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-15 OCT -5 PM 10:07
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: J. Fox Jones, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Julie Fox Jones

Name (Printed or typed)

6708 Stafford Road

Address

Plant City, FL 33565

City, State & Zip

813-313-6277

Daytime Telephone number

jfoxjones@hotmail.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

ARTICLE I NAME

The name of the corporation shall be: J. Fox Jones, Inc.

15 OCT -5 PM 10:07

ARTICLE II PRINCIPAL OFFICE

Principal street address
6708 Stafford Road
Plant City, FL 33565

Mailing address, if different is:
Same
PLANT CITY, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the corporation is property management and to engage
in any other lawful business(es) as permitted under the laws of the State of Florida or other state(s) of the United States of
America.

ARTICLE IV SHARES

The number of shares of stock is: Five (5) shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Fox Jones, President, Secy, Treas.
Address: 6708 Stafford Road
Plant City, FL 33565

Name and Title: Michael A. Jones, Vice President
Address: 6708 Stafford Road
Plant City, FL 33565

Name and Title: Julie Fox Jones, Director
Address: 6708 Stafford Road
Plant City, FL 33565

Name and Title: Michael A. Jones, Director
Address: 6708 Stafford Road
Plant City, FL 33565

Name and Title: n/a
Address: _____

Name and Title: n/a
Address: _____

Name and Title: n/a Name and Title: n/a
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Julie Fox Jones
 Address: 6708 Stafford Road
Plant City, FL 33565

ARTICLE VII INCORPORATOR

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

Name: Julie Fox Jones
 Address: 6708 Stafford Road
Plant City, FL 33565

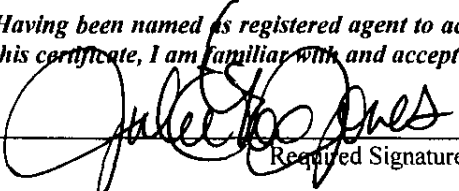
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
 October 2, 2015

 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
 October 2, 2015

 Date