

F09000001359

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

RECEIVED
DEPARTMENT OF STATE
09 APR -2 PM 4:15

FOREIGN PROFIT/NONPROFIT CORPORATION

C.L. JONES BUILDING, INC.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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850-617-6381

3/30/2009 12:21:26 PM PAGE 1/001 Fax Server



March 30, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JENNIFER LOPEZ
13795 N NEBRASKA AVE
TAMPA, FL 33613

SUBJECT: C.L. JONES BUILDING, INC.
REF: W09000014800

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

FAX Aud. #: E09000071965
Letter Number: 209A00010565

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C. L. JONES BUILDING, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JENNIFER LOPEZ

(Name of Person)

CONTRACTORS REPORTING SERVICES, INC

(Firm/Company)

13795 N. NEBRASKA AVE

(Address)

TAMPA, FL 33613

(City/State and Zip code)

For further information concerning this matter, please call:

JENNIFER LOPEZ

(Name of Person)

at (813) 932-5244

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSMCT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSMCT BUSINESS IN THE STATE OF FLORIDA.

1. **C. L. JONES BUILDING, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NORTH CAROLINA**

(State or country under the law of which it is incorporated)

3. **43-2074104**

(FEI number, if applicable)

4. **11/30/2004**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON QUALIFICATION**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **234 RIVER BEND RD JACKSONVILLE, NC 28540**

(Principal office address)

234 RIVER BEND RD JACKSONVILLE, NC 28540

(Current mailing address)

8. **APPLYING FOR A STATE CONTRACTORS LICENSE IN FLORIDA**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: **CONTRACTORS REPORTING SERVICES, INC.**

Office Address: **13795 N. NEBRASKA AVE**

TAMPA

(City)

, Florida **33613**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: CHRISTOPHER L. JONES

Address: 234 RIVER BEND RD

JACKSONVILLE, NC 28540

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Christopher L Jones

Address: 234 Riverbend Road Jacksonville, NC 28540

Vice President: _____

Address: _____

Secretary: Lynn L Jones

Address: 234 Riverbend Road Jacksonville, NC 28540

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Christopher L Jones

(Signature of Director or Officer listed in number 12 of the application)

14. CHRISTOPHER L. JONES - President

(Typed or printed name and capacity of person signing application)

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NORTH CAROLINA

Department of The Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

C.L. JONES BUILDING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of November, 2004, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina, that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act, that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of April, 2009

Elaine F. Marshall

Secretary of State