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TALLAHASSEE, FLORIDA

13 FEB 18 AM 9:14

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J. Shivers FEB 19 2013
W13-71
2506



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2013

SHERRY A JACKSON
PO BOX 473
PORT ST JOE, FL 32457-0473

SUBJECT: MIKE JACKSON, INC.
Ref. Number: W13000007324

We have received your document for MIKE JACKSON, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 713A00002905

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mike Jackson, 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," or "Certificate of Good Standing" 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:

Sherry A. Jackson

Name of Person

Mike Jackson, Inc.

Firm/Company

PO Box 473

Address

Port St Joe, FL 32457-0473

City/State and Zip code

mikejacksoninc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Jackson

Name of Person

at (270) 963-1208

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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 TRANSACT
BUSINESS IN FLORIDA**

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

1. **Mike Jackson, 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. **Georgia**

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

3. **31-1830246**

(FEI number, if applicable)

4. **11/12/2003**

(Date of incorporation)

5. **perpetual**

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

6. _____
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. ~~PO Box 473, Port St Joe, FL 32457-0473~~ **148 S. Squirrel Ave**
Wewahitchka, FL 32465

(Principal office address)

PO Box 473, Port St Joe, FL 32457-0473

(Current mailing address)

8. **Residential maintenance and lawn care**

(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 NOT acceptable)

Name: **Sherry A. Jackson**

Office Address: **148 S. Squirrel Ave**

Wewahitchka

(City)

, Florida **32465**

(Zip code)

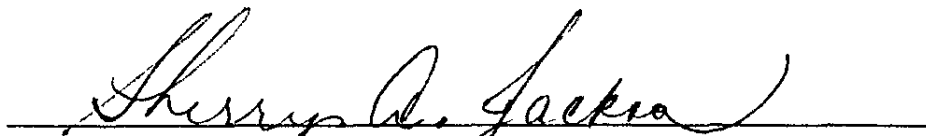
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TALLAHASSEE, FLORIDA

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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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: James M. Jackson

Address: PO Box 473, Port St Joe, FL 32457-0473

Vice President: _____

Address: _____

Secretary: Sherry Ann Jackson

Address: PO Box 473, Port St Joe, FL 32457-0473

Treasurer: _____

Address: _____

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

13. Sherry A. Jackson

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Sherry A. Jackson, Secretary

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

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TALLAHASSEE FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0362165
DATE INC/AUTH/FILED : 11/12/2003 12:00:00 AM
JURISDICTION : Georgia
PRINT DATE : 2/1/2013 2:47:08 PM

Sherry Ann Jackson
PO Box 473
Port St Joe, FL 32457-0473

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MIKE JACKSON Inc.
A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: P. Kemp

Brian P. Kemp
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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