F20000001594

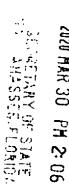
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phono	e #)		
PICK-UP	TIAW	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





400339005034

01/21/20--01021--013 **87.50



MAR 30 2020 M. SOLOMON

COVER LETTER

TO: Registrati Division of	on Section of Corporations			
SUBJECT: C.	A. JONES, INC.			
Jobsect	Nan	ne of corporation -	must include suffix	
Dear Sir or Madar	m:			
"Certificate of Ex	plication by Foreign istence," or "Certific foreign corporation t	ate of Good Stand	uthorization to Transact Iing" and check are submiin Florida.	Business in Florida." tted to register the
Please return all c	orrespondence conce	erning this matter t	o the following:	
ANDREW JONES				
		Name of Pe	erson	
C. A. JONES, INC.	-			
		Firm/Comp	any	
123 POINCIANA I	DRIVE			
		Addres	S	
JUPITER, FL 3345	8			
		City/State and	l Zip code	-
acjones123123@gn				
	E-mail addr	ess: (to be used for	r future annual report not	ification)
For further inform	nation concerning this	s matter, please cal	1:	
ANDREW JONES		262 at () 238-8795 ode Daytime Telephone Number	
Name of	Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a chec Please make check p \$70.00 Filing F		DEPARTMENT Of the first fee &	OF STATE \$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.

A. C. JONES, I				
	able in Florida, enter alternate corporate name a			
DE	3.	(FEI number, if applicable)		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicabl	e)	
4/29/1974 	5	(Date of duration, if other than perpetual)		
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in	CL 11 - 10 - in-to-mioration		
	(SEE SECTIONS 607.1501 & 607.150	Piorida, if prior to registration) 2, F.S., to determine penalty liability)		
123 POINCIAN	A DRIVE, JUPTER, FL. 33458			
 		e <u>street</u> address)	•	
	(Current mailing	address, if different)		
		n Nom . H.		
		RAY NULL SCCOMSHIPS		
Name and stre	et address of Florida registered agent: (P.O.	Box Nor acceptance	34 위기 및 [구기 84 및	
Name and stre	ERIC M. SAUERBERG		SSS ARESSES	
Name:			EETARY OF	
	ERIC M. SAUERBERG 3896 BURNS ROAD, SUITE 104	Florida	AHASSESLELORIDA	

10. 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.

A. DIRECTORS				
□Chairman	Name: ANDREW JONES	□Chairman	Name:	
□Vice Chairman	Address: 123 POINCIANA DRIVE	□Vice Chairman	Address:	
Director	JUPITER, FL 33458	□Director		
President		□President		
□Vice President		□ Vice President		
☐ Secretary	Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		2020
□President		□President		
□Vice President		□Vice President		\$5 30 95 -
Secretary	□Treasurer	□ Secretary		Treasurer to
□Other	□()ther	□Other		Other O
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·
□ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other		□Other		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	partment of State Annual Respector or Officer	d for reporting	

The officer or director signing this document (and who is listed in number 11 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.

13. ANDREW JONES

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "C. A. JONES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C. A. JONES,

INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 1974.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

STATE OF THE PARTY OF THE PARTY

Authentication: 204247445

Jeffrey W. Hullaca, Secretary of State

Date: 12-18-19



January 31, 2020

ANDREW JONES C.A. JONES, INC. 123 POINCIANA DR. JUPITER, FL 33458

SUBJECT: C.A. JONES, INC. Ref. Number: W20000010420

We have received your document for C.A. JONES, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name requested for Registration of a Foreign Corporate Name is not available. Please submit a signed letter if requesting a refund.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 720A00002365

RECEIVED