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TRANSMITTAL LETTER

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

400003129894--2
-02/09/00-01088-002
*****70.00 *****70.00

SUBJECT: C.O. JONES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: BRUCE J. LYBARGER
Name (printed or typed)

300 N. CIRCLE
Address

SEBRING, FLA. 33870
City, State & Zip

(863) 385-8850
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 PM 6:05

NOTE: Please provide the original and one copy of the articles.

cf 2/15/00

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 PM 6:05

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

C. O. JONES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

300 N. CIRCLE

SEBRING, FLA. 33870

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

250,000 SHARES OF COMMON STOCK HAVING
\$1 PER SHARE PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BRUCE J. LYBARGER

300 N. CIRCLE

SEBRING, FLA. 33870

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BRUCE J. LYBARGER
300 N. CIRCLE
SEBRING, FLA. 33870

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7TH day of FEBRUARY, ~~2000~~ 2000

Bruce J. Lybarger

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

C. O. JONES, INC.

2. The name and address of the registered agent and office is:

BRUCE J. LYBARGER
(NAME)

300 N. CIRCLE

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

SEBRING, FLA. 33870
(CITY/STATE/ZIP)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 PM 6:05

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bruce J. Lybarger
(SIGNATURE)

2/7/2000
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314