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**TRANSMITTAL LETTER**

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

**SUBJECT: Jeff Haynes 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 of Status

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

**ADDITIONAL COPY REQUIRED**

FROM:

Jeffery S. Haynes II

Name (Printed or typed)

350 Belair Ave.

Address

Merritt Island, FL 32953

City, State & Zip

352-476-3293

Daytime Telephone Number

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

## Profit Corporation Form

### ARTICLES OF INCORPORATION

In Compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

*Jeff Haynes Inc.*

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business mailing address is:

*350 Belair Ave  
Merritt Island, Fl 32953*

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Cable Installation*

#### ARTICLE IV SHARES

the number of shares of stock is:

*10*

#### ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)

The name(s), address(es) and title(s):

*Jeff S. Haynes II  
350 Belair Ave.  
Merritt Island, Fl 32953  
President*

#### **ARTICLE VIII REGISTERED AGENT**

**JEFF S. HAYNES II  
350 BELAIR AVE.  
MERRITT ISLAND, FL. 32953**

#### ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

**JEFF S. HAYNES II  
350 BELAIR AVE.  
MERRITT ISLAND, FL. 32953**

\*\*\*\*\*  
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

*Jeff S. Haynes II*  
Signature/Registered Agent / Incorporator

\_\_\_\_\_  
Date