

P04000022747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

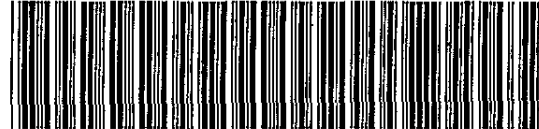
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 JAN 23 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-04-04
T.B.

TRANSMITTAL LETTER

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

SUBJECT: J.M. COONS CARPENTRY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: JOHN M. COONS
Name (Printed or typed)

2017 RIVER BEACH DR. #303
Address

NAPLES, FL 34104
City, State & Zip

(239) 404-9850
Daytime Telephone number

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

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:

J. M. COONS CARPENTRY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2017 RIVER REACH DR. #303
NAPLES, FL 34104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CARPENTRY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JOHN M. COONS, PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

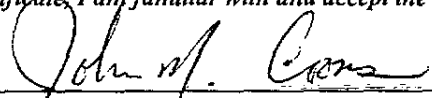
JOHN M. COONS
2017 RIVER REACH DR. #303
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

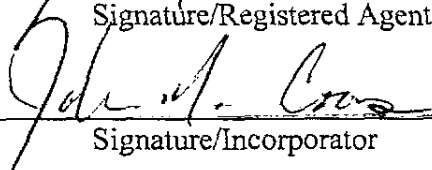
SAME AS REGISTERED AGENT JOHN M. COONS
2017 RIVER REACH DR. #303
NAPLES, FL 34104

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



Signature/Registered Agent

1/22/04
Date



Signature/Incorporator

1/22/04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA