

PO4000041913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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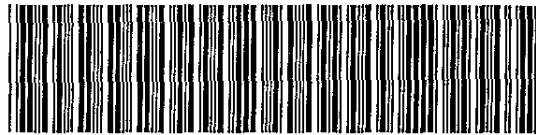
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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3/9/04

TRANSMITTAL LETTER

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

JGs EMPORIUM INCORPORATED

SUBJECT: _____
(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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: _____
JAMES A. HICKMAN, AGENT
Name (Printed or typed)

220 GOVERNMENT STREET, STE 1

Address

NICEVILLE, FL 32578

City, State & Zip

(850) 729-8585

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:

JGs EMPORIUM INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 964
NICEVILLE, FL 32588

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN GENERAL BUSINESS FOR A PROFIT.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES NO PAR COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JUDY JONES, PRESIDENT
P.O. BOX 964
NICEVILLE, FL 32588

CHERYL JONES-GOLIDAY, VICE PRESIDENT
P.O. BOX 964
NICEVILLE, FL 32588

ARTICLE VI REGISTERED AGENT

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

JAMES A. HICKMAN
220 GOVERNMENT STREET, STE 1
NICEVILLE, FL 32578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUDY JONES
PO BOX 964
NICEVILLE, FL 32578

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

FEB 21 2004

Date


Signature/Incorporator

FEB 21 2004

Date

FILED
04 FEB 27 PM 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA