

P04000090095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

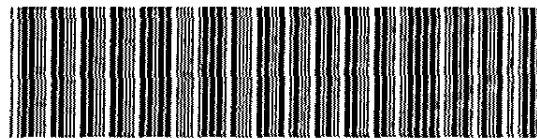
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Certified Copies _____

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04 JUN -9 PM 3:00

DEPT. OF STATE
TALLAHASSEE, FLORIDA

06-10-04
P

TRANSMITTAL LETTER

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

SUBJECT: Jaybird Timber & Shade Co., 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jay Huber

Name (Printed or typed)

P. O. Box 833

Address

Williston, FL 32696

City, State & Zip

352-258-4227

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:

Jaybird Timber & Shade Co., Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P. O. Box 833, Williston, FL 32696—147 N. Main Street, Williston, FL 32696

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Logging

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):

Jay Huber—President

Pam Huber—Sec./Treas.

ARTICLE VI REGISTERED AGENT

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


Jay Huber
147 N. Main Street
Williston, FL 32696

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pam Huber
P. O. Box 833
Williston, FL 32696


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

6/8/04

Date



Signature/Incorporator

6/8/04

Date

FILED
04 JUN -9 PM 3:01
CLERK OF STATE
TALLAHASSEE, FLORIDA