

P040000129103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

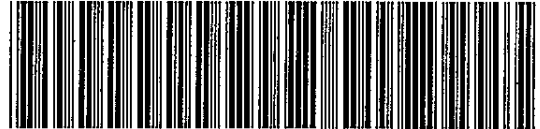
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Handwritten initials

## TRANSMITTAL LETTER

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

SUBJECT: M. T. Jeane's 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: Michael T. Jeane's  
Name (Printed or typed)

2369 Black Forest PL.  
Address

Jacksonville, FL. 32259  
City, State & Zip

904-287-8882  
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:

M.T. Jeanes Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2369 Black Forest PL.  
Jacksonville, FL 32259

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael T. Jeanes — CEO  
2369 Black Forest PL.  
Jacksonville FL. 32259

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael T. Jeanes  
2369 Black Forest PL  
Jacksonville, FL 32259

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

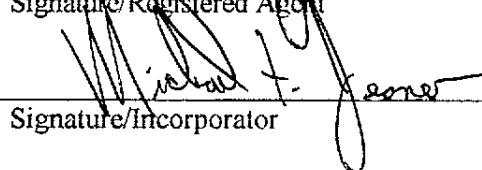
Michael T. Jeanes  
2369 Black Forest PL.  
Jacksonville, FL 32259

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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

9-7-2004  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-7-2004  
\_\_\_\_\_  
Date

FILED  
04 SEP 13 PM 4:13  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA