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(Requestor's Name)

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(Business Entity Name)

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2004 DEC 20 PM 3:16
STATE
TALLAHASSEE FLORIDA

12/20/04

TRANSMITTAL LETTER

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

2004 DEC 20 PM 3:16

STATE
TALLAHASSEE FLORIDA

SUBJECT: J SQUARED PAINTING 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: JUSTIN JACKSON
Name (Printed or typed)

4949 AZURE STREET
Address

JACKSONVILLE, FL 32257
City, State & Zip

904 866-0962
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 SQUARED PAINTING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4949 AZURE STREET JACKSONVILLE, FL 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PAINTING

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUSTIN JACKSON PRESIDENT 4949 AZURE STREET, JACKSONVILLE, FL 32257

ARTICLE VI REGISTERED AGENT

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

JUSTIN JACKSON PRESIDENT
4949 AZURE STREET JACKSONVILEE, FL 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUSTIN JACKSON 4949 AZURE STREET JACKSONVILLE, FL 32257

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

Date


Signature/Incorporator

Date