

P 05000130263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

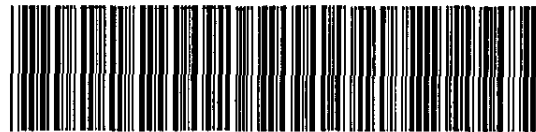
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: Concussion Clothing Company  
(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: Christopher Jones  
Name (Printed or typed)

1892 Pepperhill Ct  
Address

Tallahassee, FL ~~32304~~ 32304  
City, State & Zip

321-438-6683  
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:

Cocossion Clothing Company

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1892 ~~the~~ Pepperhill Ct Tallahassee FL 32304

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and Lawful bussiness

**ARTICLE IV SHARES**

The number of shares of stock is:

Two

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Christopher Jones D. Owner } 1892 Pepperhill Ct  
Jocy Schuster D. Owner } Tallahassee FL 32304

**ARTICLE VI REGISTERED AGENT**

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

Christopher Jones  
1892 Pepperhill Ct  
Tallahassee FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Christopher Jones  
1892 Pepperhill Ct  
Tallahassee FL 32304

\*\*\*\*\*  
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

Signature/Incorporator

Date

Date

9-22-05

9-22-05

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA