

P06000070883

(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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RECEIVED  
06 MAY 22 PM 1:55  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
06 MAY 22 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
5/22

## COVER LETTER

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

SUBJECT: Jimmy Posey Carpentry  
(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: Jimmy Posey  
Name (Printed or typed)

370 Slash Pine Ct  
Address

Tallahassee FLA 32305  
City, State & Zip

339-8106  
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:

Jimmy Posey  
Carptry Corp  
(Carpentry)

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

370 Slash Pine Ct  
Tallahassee FLA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Corporation

**ARTICLE IV SHARES**

The number of shares of stock is:

3

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

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

P. Jimmy Posey 370 slash pine ct  
Tallahassee FLA 32305  
V.P. Johnathan Carroll  
V.P. Brian Medor

**ARTICLE VI REGISTERED AGENT**

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

Jimmy Posey 370 slash pine ct  
Tallahassee FLA 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jimmy Posey 370 Slash Pine Ct  
Tallahassee FLA 32305

\*\*\*\*\*  
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

FILED  
06 MAY 22 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-22-06

Date

5-22-06

Date