

PD6000150066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

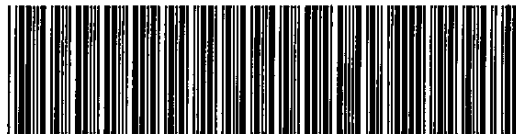
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FILED

06 DEC -5 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

1/1/07

MRS  
12/5

006-51490

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

T. JONES, 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: \_\_\_\_\_

TRACY JONES

Name (Printed or typed)

5281 LIONS DEN. DR.

Address

GREEN COVE SPR. FL. 32043

City, State & Zip

904-838-0277

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2006

TRACY JONES  
5281 LIONS DEN DR  
GREEN COVE SPRINGS, FL 32043

SUBJECT: T. JONES INC.  
Ref. Number: W06000051490

We have received your document for T. JONES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filing Section

Letter Number: 306A00068423

# 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: *T. JONES PRESSURE WASHING. INC.*  
*EFFECTIVE DATE 1-1-07*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *5281 LIONS DEN DR.*  
*GREEN COVE SPR. FL. 32043*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *PRESSURE WASHING.*

## ARTICLE IV SHARES

The number of shares of stock is: *ONE.*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): *N.A.*

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: *KASEY JONES*  
*5281 LIONS DEN DR.*  
*GREEN COVE SPR. FL.*  
*32043*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *Tracy Jones*  
*5281 LIONS DEN. DR.*  
*GREEN COVE SPR. FL.*  
*32043*

\*\*\*\*\*  
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

*Kasey Jones*  
\_\_\_\_\_  
Signature/Registered Agent

*11-21-06*  
\_\_\_\_\_  
Date

*Tracy Jones*  
\_\_\_\_\_  
Signature/Incorporator

*11-21-06*  
\_\_\_\_\_  
Date

FILED  
06 DEC -5 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
EFFECTIVE DATE  
*11/1/07*