

PO7000121645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV - 7 PM 2:16

APPROVED
AND
FILED

B. McKnight NOV 08 2007

COVER LETTER

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

SUBJECT: JONESEZ Foods, 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: Andre Wesley Jones
Name (Printed or typed)

4630 Sandalwood Drive
Address

LaBelle, FL 33935
City, State & Zip

954-275-4895
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:

JONES EZ Foods, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

505 West Hickpachee
Ave., Ste. 123
LaBelle, FL 33935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO Sell bagged Frozen
Foods

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Andre Wesley Jones.
4630 Sandalwood Drive
LaBelle, FL 33935
Owner / President.

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Andre Wesley Jones - owner/president
4630 Sandalwood Drive
LaBelle, FL 33935

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andre Wesley Jones
4630 Sandalwood Drive
LaBelle, FL 33935

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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA