

P07080127525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

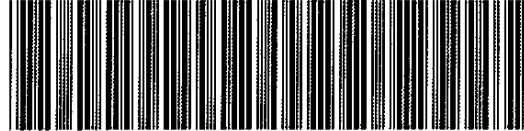
(Business Entity Name)

(Document Number)

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

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Office Use Only



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07 NOV 29 PM 3:38

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

07 NOV 29 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: James Johnson Enterprises of North Florida  
(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: James Colby Johnson  
Name (Printed or typed)

Box 174 800 Hammond Blvd  
Address

Jacksonville FL 32221  
City, State & Zip

850-510-6026  
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:

James Johnson Enterprises of North Florida Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

800 Hammond Blvd Box 174  
Jacksonville, FL 32221

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

sell juice

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James Colby Johnson - President

## ARTICLE VI REGISTERED AGENT

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

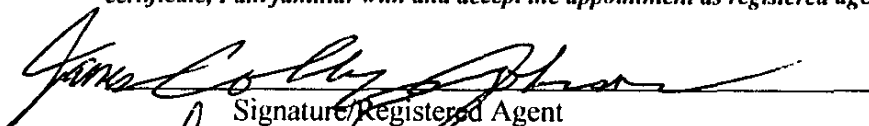
800 Hammond Blvd Box 174  
Jacksonville, FL 32221

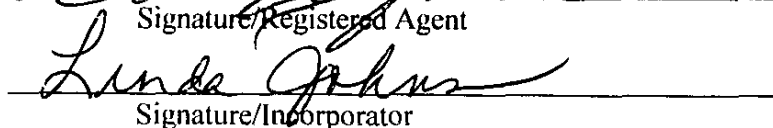
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Colby Johnson  
Box 174 800 Hammond Blvd  
Jacksonville, FL 32221

\*\*\*\*\*  
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

11/30/02  
Date

\_\_\_\_\_  
Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA