

PO7000/30551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

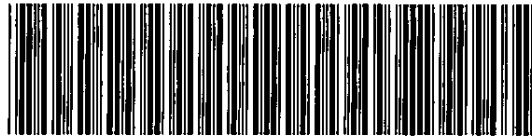
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Certified Copies _____

Certificates of Status _____

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07 DEC 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS 12/10/07

COVER LETTER

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

SUBJECT: J Davis Consulting 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jacob L Davis

Name (Printed or typed)

1136 Troon Drive

Address

Niceville, FL 32578

City, State & Zip

850 259-0289

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:

J Davis Consulting Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**1136 Troon Drive W
Niceville, FL 32578**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide contract security services.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**Jacob L Davis
1136 Troon Drive W
Niceville, FL 32578**

ARTICLE VI REGISTERED AGENT

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

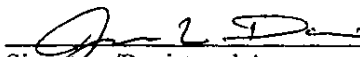
**Jacob L Davis
1136 Troon Drive W
Niceville, FL 32578**

ARTICLE VII INCORPORATOR

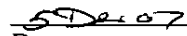
The name and address of the Incorporator is:

**Jacob L Davis
1136 Troon Drive W
Niceville, FL 32578**

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

FILED

07 DEC 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA