

PO 80000 27052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

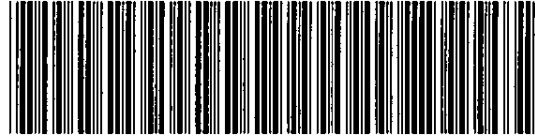
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/13  
24

## COVER LETTER

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

SUBJECT: THE ST JOHNS COMPANIES, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: Harold Coffield  
Name (Printed or typed)

2743-1 Anniston Rd  
Address

Jax FL 32246  
City, State & Zip

904 641 5688  
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:

**The St Johns Companies Inc**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11200 St Johns Industrial Parkway North

#100

Jax FL 32246

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All legal businesses.

### **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):

NEFES, INC PST

PO Box 2259

Minden NV

89423

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**ARTICLE VI REGISTERED AGENT**

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

Harold Coffield  
2743-1 Anniston Rd  
Jax FL 32246

**ARTICLE VII INCORPORATOR**

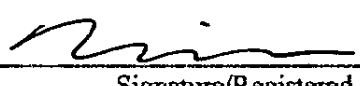
The name and address of the Incorporator is:

Harold Coffield  
2743-1 Anniston Rd  
Jax FL 32246

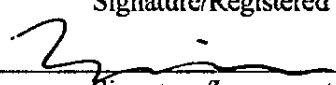
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

3/1/08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/1/08  
\_\_\_\_\_  
Date