

P09000037510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

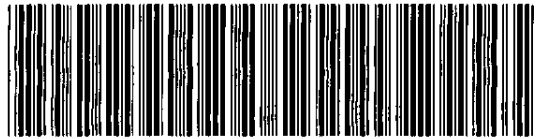
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/09--01026--020 **87.50

APPROVED
AND
FILED
09 APR 27 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

JAMISON, INC.

SUBJECT: _____

(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

JAMISON D. FAIRFIELD

FROM: _____

Name (Printed or typed)

8471 141 ST NORTH

Address

SEMINOLE, FL 33776

City, State & Zip

727-420-3485

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:

JAMISON, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8471 141ST STREET NORTH
SEMINOLE, FL 33776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SECURITY ADVERTISING

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address of the officer/director is:

JAMISON D. FAIRFIELD
8471 141ST STREET NORTH
SEMINOLE, FL 33776

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

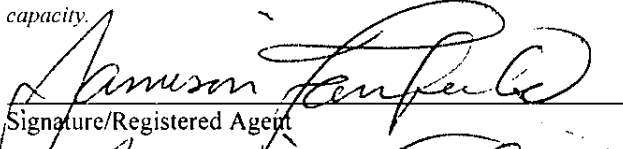
JAMISON D. FAIRFIELD
8471 141ST STREET NORTH
SEMINOLE, FL 33776

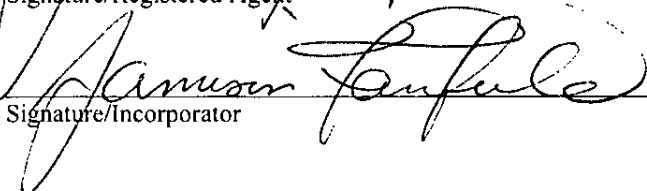
ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

JAMISON D. FAIRFIELD
8471 141ST STREET NORTH
SEMINOLE, FL 33776

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


Date


Date

09 APR 27 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED