

P09000065585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

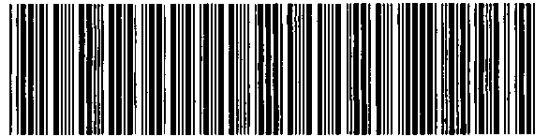
(Document Number)

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Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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8-4-09

## COVER LETTER

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

**SUBJECT:** Jonathan Jones Authorized Matco Tools Distributor 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:** Legal Ace, LLC  
Name (Printed or typed)

15550 N 84th St., Ste. 105  
Address

Scottsdale, AZ 85260  
City, State & Zip

480-306-6184  
Daytime Telephone number

nitropony2@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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:

Jonathan Jones Authorized Matco Tools Distributor Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

5825 NW 27th Street  
Gainesville, FL 32653

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Matco tools distributions.

**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):

Jonathan Jones, 5825 NW 27th St., Gainesville, FL 32653, President

Mary Jones, 5825 NW 27th St., Gainesville, FL 32653, Secretary & Treasurer

**ARTICLE VI REGISTERED AGENT**

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

Jonathan Jones  
5825 NW 27th Street  
Gainesville, FL 32653


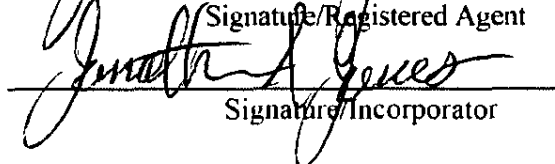
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jonathan Jones  
5825 NW 27th Street  
Gainesville, FL 32653

\*\*\*\*\*

*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

7-17-09  
Date  
7-17-09  
Date

FILED  
09 AUG -3 AM 11:14  
CLERK OF CIRCUIT COURT  
JULIA H. BISH, CLERK  
GAINESVILLE, FLORIDA