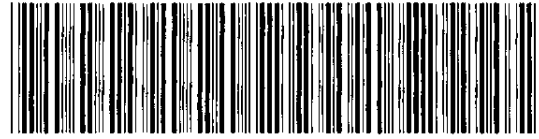


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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09 SEP 17 AM 10:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
09 SEP 17 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/17/09

COVER LETTER

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

FILED

09 SEP 17 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: J and T Enterprises of Florida 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 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: Jonathan D. Sheppard
Name (Printed or typed)

635 Wakulla Aaran Rd
Address

Crawfordville, FL 32327
City, State & Zip

850-251-0311
Daytime Telephone number

thesheppard@earthlink.net
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)

FILED

09 SEP 17 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: J and T Enterprises of Florida Inc.
Wakulla

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
635 Wakulla Aaron Rd
Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Retail Sales

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Jonathan D. Sheppard 21 Calvary Ct Crawfordville, FL 32327 President
Travis L. Porter 1838 Devra Dr Tallahassee, FL 32303 V. President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Travis L. Porter
1838 Devra Dr.
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Travis L. Porter
1838 Devra Dr.
Tallahassee, FL 32303

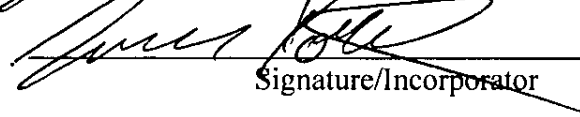
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09/17/09

Date



Signature/Incorporator

09/17/09

Date