

PO 9000083341

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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09/24/09--01010--010 **78.75

FILED
09 OCT -7 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 10/8/09

W09-43091



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2009

PAUL D. SOMERS
2503 BISHOP ESTATES ROAD
SAINT JOHNS, FL 32259

SUBJECT: PS ENTERPRISES, INC.
Ref. Number: W09000043091

We have received your document for PS ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list at least one incorporator with a complete business street address.

An effective date may be added to the Articles of Incorporation **if a 2010 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 009A00031240

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 OCT -7 AM 10:40

RECEIVED

COVER LETTER

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

SUBJECT: PS ENTERPRISES, 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: Paul D. Somers
Name (Printed or typed)

2503 Bishop Estates Road
Address

Saint Johns, FL 32259
City, State & Zip

904-287-8172
Daytime Telephone number

wpdsomers@aol.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 ORGANIZATION
OF PS ENTERPRISES OF
JACKSONVILLE, INC.**

EFFECTIVE DATE 11/01/2009

The undersigned desiring to form a Corporation pursuant to the provisions of the State of Florida Statutes, Chapter 607 and/or Chapter 621, F.S. (profit), hereby executes the following Articles of Organization.

ARTICLE I

The name of the Corporation is as follows: PS ENTERPRISES OF JACKSONVILLE, INC.

ARTICLE II

The principal office of the Corporation will be: 2503 Bishop Estates Road, Jacksonville, FL 32259

ARTICLE III

The Corporation will engage in the primary business of acquiring, selling and or managing commercial or residential properties.

ARTICLE IV

The number of shares of stock is: One Thousand (1,000)

ARTICLE V

Initial Officers and/or Directors will be:

Paul D. Somers, President

Lana J. Somers, Secretary / Treasurer

ARTICLE VI

Registered Agent:

Paul D. Somers at 2503 Bishop Estate Road, Saint Johns, FL 32259

ARTICLE VII

The name of the Incorporator is: Paul D. Somers, 2503 Bishop Estates Road, Jacksonville, FL 32259.

ARTICLE VIII

These Articles of Organization shall become effective on November 1, 2009.

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09 OCT - 7 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS

**ARTICLES OF ORGANIZATION
OF PS ENTERPRISES OF
JACKSONVILLE, INC.**

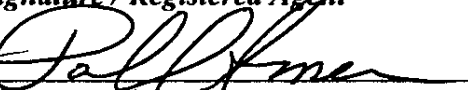
ARTICLE IX

These Articles of Organization may be amended or modified from time to time in writing signed by a majority in ownership of the shareholders of the Corporation.

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


Signature / Registered Agent

10-5-09
Date


Signature / Incorporator

10-5-09
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA