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Special Instructions to Filing Officer:

~~W11-14/20~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

144

COVER LETTER

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

SUBJECT: Taria Jones Consulting Firm
(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: Taria Jones
Name (Printed or typed)
108 E. Osceola Street
Address
Minneola, FL 34715
City, State & Zip
(407) 427-0798
Daytime Telephone number
tariaj@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2011

TARIA JONES
108 E. OSCEOLA STREET
MINNEOLA, FL 34715

SUBJECT: TARIA JONES CONSULTING
Ref. Number: W11000014120

We have received your document for TARIA JONES CONSULTING and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 711A00006080

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:

Taria Jones Consulting Firm Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

108 E. Osceola Street
Minneola, FL 34715

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Customer Service

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Taria Jones
Address: 108 E. Osceola Street
Minneola, FL 34715

Name and Title: President
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Taria Jones
Address: 108 E. Osceola Street
Minneola, FL 34715

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Taria Jones
Address: 108 E. Osceola Street
Minneola, FL 34715

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

Taria Jones
Required Signature/Registered Agent

3/7/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Taria Jones
Required Signature/Incorporator

3/7/2011
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 JUN 17 PM 1:15
ARTICLE
AND
FILED