

P 110000058597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

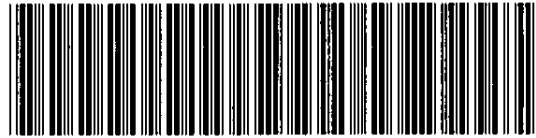
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/24/11--01003--009 \*\*70.00

RECEIVED

11 JUN 24 AM 10:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 JUN 24 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/24/11  
JF

COVER LETTER

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

SUBJECT: Joseph Vernon 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: Joseph Vernon  
Name (Printed or typed)  
125 Maria Del Carmen Lane  
Address  
Crawfordville FL 32327  
City, State & Zip  
(850) 661-0905  
Daytime Telephone number  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN 24 AM 10:50

FILED

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:

Joseph Vernon INC.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

125 Maria Del Carmen Lane  
Crawfordville FL 32327

Mailing address, if different is:

11 JUN 24 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Construction, remodeling, exteriors

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joseph Vernon President

Address: 125 Maria Del Carmen Lane  
Crawfordville FL 32327

Name and Title:

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: Joseph Vernon

Address: 125 Maria Del Carmen Lane  
Crawfordville FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph Vernon

Address: 125 Maria Del Carmen Lane  
Crawfordville FL 32327

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

Joseph Vernon

Required Signature/Registered Agent

June 24/2011

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.

Joseph Vernon

Required Signature/Incorporator

June 24/2011

Date