

P1 1000108429

(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:

Added the effective date  
and purpose per request  
of Jacqueline Gibbs 12/28

Office Use Only



900215322979

12/27/11--01052--014 \*\*87.50

FILED  
11 DEC 27 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/2012

UND 12/28

COVER LETTER

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

January 1, 2012  
Date of  
starting new  
business

SUBJECT: Jacqueline C Gibbs, 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: Jacqueline C. Gibbs

Name (Printed or typed)

4200 NW 17th Place

Address

Gainesville, FL 32605

City, State & Zip

352-328-8258

Daytime Telephone number

qbjackieg@yahoo.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: Jacqueline C. Gibbs, Inc.

EFFECTIVE DATE 01/01/2012

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4200 NW 17th Place  
Gainesville, FL 32605

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

BOOKKEEPING

EFFECTIVE DATE  
01/01/2012

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jacqueline C. Gibbs, President  
Address: 4200 NW 17th Place  
Gainesville, FL 32605

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: Jacqueline C. Gibbs  
Address: 4200 NW 17th Place  
Gainesville, FL 32605

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jacqueline C. Gibbs  
Address: 4200 NW 17th Place  
Gainesville, FL 32605

*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*

Jacqueline C. Gibbs  
Required Signature/Registered Agent

December 23, 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.*

Jacqueline C. Gibbs  
Required Signature/Incorporator

December 23, 2011  
Date

FILED  
11 DEC 27 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA