

P12000004119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

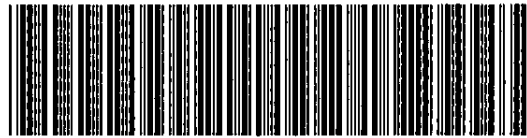
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12 JAN 11 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh JAN 12 2012

COVER LETTER

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

SUBJECT: J & A Burford Services 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: Justin Burford

Name (Printed or typed)

9601 Royal Palm Ave

Address

New Port Richey, FL 34654

City, State & Zip

727-916-1455

Daytime Telephone number

ambermg93@gmail.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 J & A Burford Services Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
9601 Royal Palm Ave
New Port Richey, FL 34654

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To Conduct Business in the state of Florida for Profit.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Burford President
Address: 9601 Royal Palm Ave
NPR, FL 34654

Name and Title: Amber Garcia Vice President
Address: 249 Foxcroft Dr W
Palm Harbor, FL 34683

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: Exact Bookkeeping & Tax Services
Address: 249 Foxcroft Dr W
Palm Harbor, FL 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Exact Bookkeeping & Tax Services
Address: 249 Foxcroft Dr W
Palm Harbor, FL 34683

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

Robert Foraker

Required Signature/Registered Agent

1/6/12
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.

Robert Foraker

Required Signature/Incorporator

1/6/12
Date