

P12000037754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

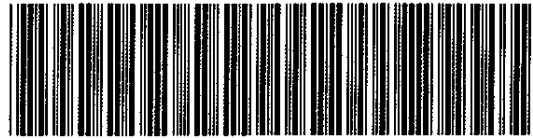
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/12--01020--005 **87.50

FILED
12 APR 20 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/23/12

COVER LETTER

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

SUBJECT: R.J. and Mates, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: James A Johnson, Jr

Name (Printed or typed)

894 Woodlands Drive

Address

Port St Lucie, FL 34952

City, State & Zip

321 750 6966

Daytime Telephone number

johnson1601@bellsouth.net

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: R.J. and Mates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8832 W. State Road 84
Davie, FL 33324

Mailing address, if different is:

894 Woodlands Drive
Port St Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Barber and Beauty business in Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James A Johnson Jr
Address: 894 Woodlands Drive
Port St Lucie, FL 34952

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:

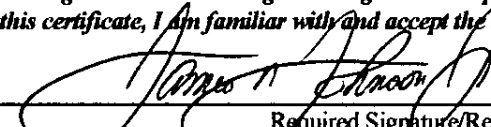
Name: James A Johnson, Jr.
Address: 894 Woodlands Drive
Port St Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James A Johnson Jr
Address: 894 Woodlands Drive
Port St Lucie, FL 34952

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



Required Signature/Registered Agent

4-17-12

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.



Required Signature/Incorporator

4-17-12

Date

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