

P13000009285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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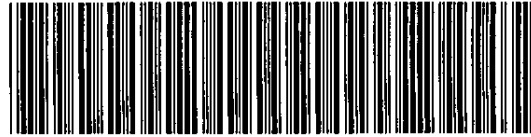
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 28 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/29/13

COVER LETTER

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

SUBJECT: **A G & S OF JAX, 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: **A G & S of Jax, Inc**

Name (Printed or typed)

1609 Calabria Ct

Address

St Augustine, FL 32092

City, State & Zip

904 410 5988

Daytime Telephone number

nefes@comcast.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)

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ARTICLE I NAME

The name of the corporation shall be: A G & S of Jax. Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

1609 Calabria Ct
St Augustine FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business activity

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julianne Mickler Pres Name and Title:

Address: 1609 Calabria Ct Address:
St Augustine, FL
32092

Name and Title: Nefes, Inc VP Name and Title:

Address: 2743 Anniston Rd Address:
Jacksonville, FL 32246

Name and Title: Name and Title:

Address: Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Nefes, Inc
Address: 2743 Anniston Rd
Jacksonville, FL 32246

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Nefes, Inc
Address: 2743 Anniston Rd
Jacksonville, FL 32246

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

 VP
Required Signature/Registered Agent

1/20/12
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.

 VP
Required Signature/Incorporator

1/20/13
Date