

P13000023206

JOE LITTLES

(Requestor's Name)

5895 WILLIAMS RD.

(Address)

(Address)

TALLAHASSEE FL. 32311

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

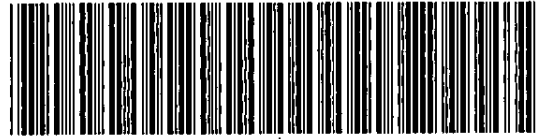
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



50024542225

03/13/13--01016--017 **50.00

03/13/13--01016--016 **20.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 13 PM 1:57

RECEIVED

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAR 13 PM 2:03

FILED

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: JOE LITTLES JR. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
5895 WILLIAMS RD.
TALLAHASSEE FL. 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is: 3,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOE LITTLES JR. - PRESIDENT Name and Title: RONALD WASHINGTON - VICE PRESIDENT

Address: 5895 WILLIAMS RD
TALLAHASSEE FL 32311

Address: P.O. BOX 14203
TALLAHASSEE FL. 32317

Name and Title: _____

Name and Title: FRANKIE MITCHELL - RECEPTIONIST

Address: _____

Address: P.O. BOX 14203
TALLAHASSEE FL 32317

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: JOE LITTLES JR.

Address: 5895 WILLIAMS RD

TALLAHASSEE, FL. 32311

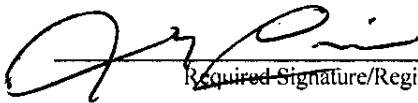
FILED
13 MAR 13 PM 2:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOE LITTLES JR. INC.
Address: 5895 WILLIAMS RD.
TALLAHASSEE, FL. 32311

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

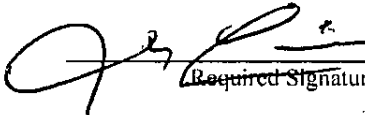


Required Signature/Registered Agent

03/13/13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

03/13/13

Date

FILED
13 MAR 13 PM 2:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA