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(Requestor's Name)	
(Address)	
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(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
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Office Use Only



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13 MAY 16 PH 1:29

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: JES	SSE & SON, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDĖ SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: J	ESSE WILSON		4
	Name	(Printed or typed)	
2	122 W. HIAWATH		
	A	Address	
<u>T.</u>	AMPA, FL 33604		
2	·	State & Zip	
8	13-294-4370		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit). FILED DIVISION OF CORPORATIONS

ARTICLE I NAM	tion shall be: JESSE & SON, II	VC
The name of the corpora	tion shall be:	13 MAY 16 PM 1: 29
ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if different is:
2122 W. HIAV	· ———	Matting address, it different is.
		
TAMPA, FL 3	3004	
ARTICLE III PUR	POSE	OF IN ANY DUOINGO AOTIVITY
		GE IN ANY BUSINESS ACTIVITY
PERMITTED	BY THE STATE OF FLO	RIDA
7 19		
•		
ADTICLE III CUI	IPFC	
ARTICLE IV SHA The number of shares of	stock is:	
	TIAL OFFICERS AND/OR DIRECTO	<u>RS</u>
Name and Title	JESSE WILSON, PSD	Name and Title:
	2122 W. HIAWATHA	
Address		Address:
	TAMPA, FL 33604	
Name and Title:	DANIEL WILSON, TREAS	Name and Title:
Address	2122 W. HIAWATTHA	Addrago
Address	TAMPA, FZ 33604	Address:
	1AMPA, 12 33604	
Name and Title:		Name and Title:
Address		Address:

FILED (conti.)
SECRETARY OF STATE
DIVISION OF CORPURATIONS

Name and	i Title:	Name and Title:_	13 MAY 16	PM 1:30
Address		_ Address:		
			·	
		<u> </u>		
ARTICLE VI	REGISTERED AGENT			
The name and Flo	orida street address (P.O. Box NOT acceptable) o	f the registered agen	t is:	
Name:	JESSE WILSON	_		
Address:	2122 W. HIAWATHA	_		
	TAMPA, FL 33604			
ARTICLE VII	INCORPORATOR dress of the Incorporator is:			
rne <u>name and au</u>	· · · · · · · · · · · · · · · · · · ·			
Name:	JESSE WILSON	_		
Address:	2122 W. HIAWATHA	-		
	TAMPA, FL 33604	_		
	ed as registered agent to accept service of process in familiar with and accept the appointment as reg Required Signature/Registered Agent	gistered agent and a	gree to act in this o	
I submit this docu	ment and affirm that the facts stated herein are		hat the false infor	mation enhacittad in a
	epartment of State constitutes a third degree felon			nauon suommea m a
	Required Signature/Incorporator			4-13-13
(/	Required Signature/Incorporator			Date