

P13000063195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

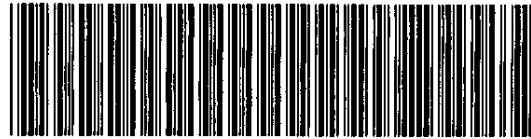
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800249999818

07/24/13--01011--004 **78.75

FILED
13 JUL 24 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Quality Siding & Soffit 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: Stephanie Dudley
Name (Printed or typed)

10304 Anson Bcl
Address

Jax, FL 32246
City, State & Zip

904-615-4566
Daytime Telephone number

Scannor261@gmail.com ✓
E-mail address: (to be used for future annual report notification)

FILED
13 JUL 24 PM 4:09
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: Quality Siding & Soffit of Jax, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10304 Anson Rd

Jax, FL 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie Dudley - President

Address: 10304 Anson Rd
Jax, FL 32246

Name and Title: _____

Address: _____

Name and Title: Jessie Connor - VP

Address: 10304 Anson Rd
Jax, FL 32246

Name and Title: _____

Address: _____

Name and Title: Jonathan Battersby - Sec.

Address: 37308 Libby Rd
Hilliard, FL 32046

Name and Title: _____

Address: _____

FILED
13 JUL 24 PM 4:09
STATE
TALLAHASSEE, FLORIDA

(conti.)

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: Stephanie Dudley
Address: 10304 Anson Rd
Jax, FL 32246

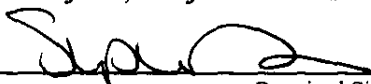
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie Dudley
Address: 10304 Anson Rd
Jax, FL 32246


FILED
13 JUL 24 PM 4:09
STATE
TALLAHASSEE, FLORIDA

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

7/16/13
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

7/16/13
Date