

P13000068561

(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



900250762599

08/16/13--01012--013 **/8.75

FILED
13 AUG 16 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6:00pm AUG 21 2013

COVER LETTER

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

SUBJECT: NORTHEAST FLORIDA TILE AND STONE 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JOSEPH P. SEVERSON
Name (Printed or typed)

7061 OLD KINGS ROAD SOUTH APT. 290
Address

JACKSONVILLE, FLORIDA 32217
City, State & Zip

904-380-1357
Daytime Telephone number

nefloridatileandstoneinc@hotmail.com
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: NORTHEAST FLORIDA TILE AND STONE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7061 OLD KINGS ROAD SOUTH
APT. 290
JACKSONVILLE, FL 32217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE INSTALLATION OF CERAMIC
TILE AND STONE.

FILED
13 AUG 16 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT —

Name and Title: JOSEPH P. SEVERSON Name and Title: _____

Address 7061 Old Kings Rd S. Address: _____
APT. 290
JACKSONVILLE, FL 32217

JOSEPH P. SEVERSON, VICE PRESIDENT
Name and Title: _____ Name and Title: _____

Address 7061 Old Kings Rd S. Address: _____
APT. 290
JACKSONVILLE, FL 32217

JOSEPH SEVERSON, TREASURER
Name and Title: _____ Name and Title: _____

Address 7061 Old Kings Rd. S. Address: _____
APT. 290
JACKSONVILLE, FL 32217

(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: JOSEPH P. SEVERSON
Address: 7061 Old Kings Rd. S. Apt. 290
JACKSONVILLE, FL 32217

FILED
13 AUG 16 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JOSEPH P. SEVERSON
Address: 7061 Old Kings Rd. S. Apt. 290
JACKSONVILLE, FL 32217

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

Joseph P. Severson
Required Signature/Registered Agent

8-12-2013
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.

Joseph P. Severson
Required Signature/Incorporator

8-12-2013
Date