

P130000069356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

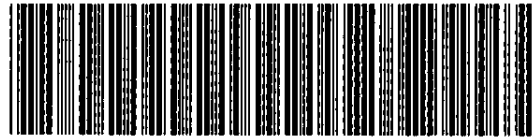
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/23/13--01010--003 **70.00

RECEIVED
13 AUG 23 AM 10:31
DIVISION OF CORPORATION

13 AUG 23 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/23/13

COVER LETTER

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

SUBJECT: Basic Shapes Creations 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: Cole Alexander Jackson
Name (Printed or typed)

2739 Spring Forest rd
Address

Tallahassee, FL 32301
City, State & Zip

850-350-0503
Daytime Telephone number

Cajack1994@gmail.com
Email 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: Basic Shapes Creations inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2739 springforest rd
Tallahassee FL
32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To create, inspiring
marketable artwork

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cole Alexander Jackson - president

Name and Title: _____

Address: 2739 springforest rd
Tallahassee FL
32301

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 23 AM 10:44

APPROVED
7/10/20
FRI 10

APPROVED
FILED (cont.)

13 AUG 23 AM 10:44

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Cole Alexander Jackson
Address: 2739 Springforest rd
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cole Alexander Jackson
Address: 2739 Springforest rd
Tallahassee FL 32301

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

Cole Alexander Jackson

Required Signature/Registered Agent

8/23/13

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.

Cole Alexander Jackson

Required Signature/Incorporator

8/23/13

Date