

PI3000081983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

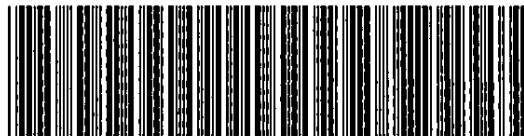
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/13--01005--017 **87.50

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13 OCT -3 PM 4:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: JONSO DEVELOPMENT 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JOHANNES B SOVIK

Name (Printed or typed)

5201 SW 186TH AVE

Address

SW RANCHES, FL 33332

City, State & Zip

954-275-3704

Daytime Telephone number

JSOVIK@GMAIL.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:

JONSO DEVELOPMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5201 SW 186TH AVE

SW RANCHES, FL 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAND GRADING AND TREE REMOVAL

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JOHANNES B SOVIK, PRESIDENT**

Address

5201 SW 186TH AVE

SW RANCHES, FL 33332

Name and Title: _____

Address: _____

Name and Title: **KIMBERLY S SOVIK, VP**

Address

5201 SW 186TH AVE

SW RANCHES, FL 33332

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT -3 PM 4:04

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(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: JOHANNES B SOVIK
Address: 5201 SW 186TH AVE
SW RANCHES, FL 33332

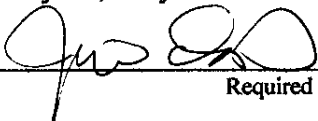
ARTICLE VII INCORPORATOR

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

Name: JOHANNES B SOVIK
Address: 5201 SW 186TH AVE
SW RANCHES, FL 33332

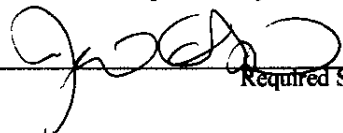
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/1/13
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

10/1/13
Date