

P130000087294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

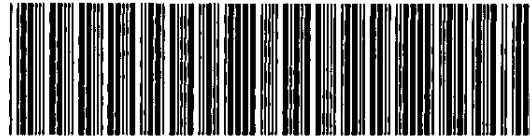
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/13--01005--003 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2013 OCT 23 PM 2:12

1/4

COVER LETTER

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

SUBJECT: AJ's Fashion Candy 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: Adriane D Johnson
Name (Printed or typed)
5051 Playpen Dr. Unit #16
Address
Jacksonville, FL 32210
City, State & Zip
(904) 450-1057
Daytime Telephone number
adrianestephens32@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)

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ARTICLE I NAME

The name of the corporation shall be:

AJ's Fashion Candy Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5051 Playpen Dr. Unit #16

Jacksonville, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

a for profit business

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adriane D Johnson, CEO

Name and Title:

Address 5051 Playpen Dr. #16

Address:

Jacksonville, FL 32210

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

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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:

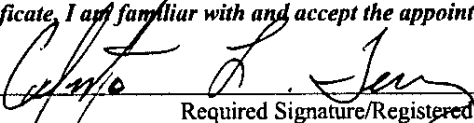
Name: Colavito L Terry
Address: 1597 West 35th Street
Jacksonville, Fl 32209

ARTICLE VII INCORPORATOR

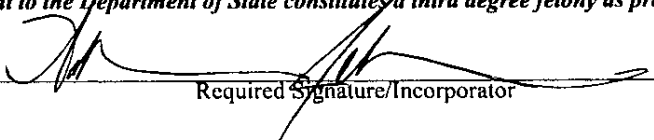
The name and address of the Incorporator is:

Name: Adriane D Johnson
Address: 5051 Playpen Dr. #16
Jacksonville, Fl 32210

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 10/21/13 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 10/21/13 Date