

P14000004180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

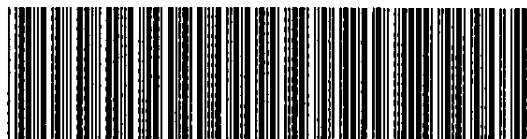
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/10/14--01016--003 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 10 PM 12:01

[Handwritten signature]
1-16-14

COVER LETTER

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

SUBJECT: JOEPARRISH, 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

<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 BRIAN PARRISH
Name (Printed or typed)

812 STANLEY DRIVE
Address

FERNANDINA BEACH, FL 32034
City, State & Zip

(904) 261-5725
Daytime Telephone number

JOEFBPARRISH@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 10 PM 12:01

ARTICLE I NAME

The name of the corporation shall be: JOE PARRISH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

812 STANLEY DRIVE
FERNANDINA BEACH, FL
32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for profit
PROFESSIONAL CORPORATION, TO
OWN AND OPERATE THE RESTAURANT "THE COUNTRY
PUB & EATS"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH B. PARRISH DIRECTOR Name and Title: _____

Address: 812 STANLEY DRIVE Address: _____
FERNANDINA BEACH, FL
32034

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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 BRIAN PARRISH

Address: 812 STANLEY DRIVE

FERNANDINA BEACH, FL 32034

ARTICLE VII INCORPORATOR

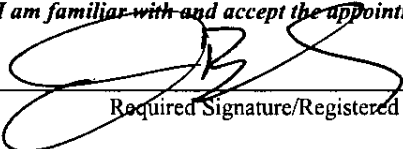
The name and address of the Incorporator is:

Name: JOSEPH B. PARRISH

Address: 812 STANLEY DRIVE

FERNANDINA BEACH, FL 32034

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

1/6/14

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

1/6/14

Date