

P 14000046962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

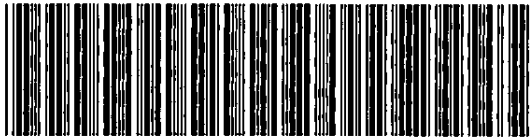
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/27/14--01058--006 **70.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 27 AM 10:05

COVER LETTER

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

SUBJECT: JAMES DUBOSE, 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: JAMES D. DUBOSE

Name (Printed or typed)

5697 HIGHWAY 17 SOUTH

Address

ARCADIA, FL 34266

City, State & Zip

863-244-1789

Daytime Telephone number

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 CORPORATION
14 MAY 27 AM 10:05

ARTICLE I NAME

The name of the corporation shall be: JAMES DUBOSE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5697 HIGHWAY 17 SOUTH
ARCADIA, FL 34266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONDUCT BUSINESS IN THE STATE OF FLORIDA,
INCLUDING, BUT NOT LIMITED TO: AIR CONDITIONING SALES AND REPAIR,
RESTAURANT OPERATIONS, REAL ESTATE AQUISITION AND SALES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES D. DUBOSE, PRESIDENT

Name and Title: EVELYN E. DUBOSE, V.PRES.

Address 5697 HIGHWAY 17 SOUTH
ARCADIA, FL 34266

Address: 5697 HIGHWAY 17 SOUTH
ARCADIA, FL 34266

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: JAMES D. DUBOSE

Address: 5697 HIGHWAY 17 SOUTH
ARCADIA, FL 34266

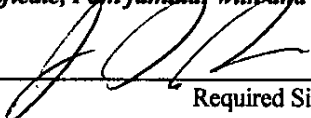
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

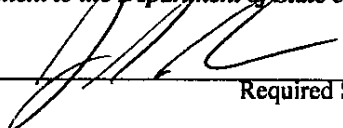
Name: JAMES D. DUBOSE

Address: 5697 HIGHWAY 17 SOUTH
ARCADIA, FL 34266

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

	<u>5-23-14</u>
Required Signature/Registered Agent.	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.

	<u>5-23-14</u>
Required Signature/Incorporator	Date