

P/4000055/58

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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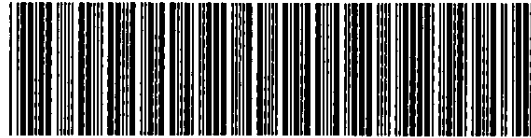
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 23 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 06/25/14

COVER LETTER

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

SUBJECT: JOSEPH JACKSON FLOORING 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 JACKSON
Name (Printed or typed)
3001 E KNIGHTS GRIFFIN RD.
Address
PLANT CITY, FL 33565
City, State & Zip
813-412-9868
Daytime Telephone number
CONNIE@CCHRP.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: JOSEPH JACKSON FLOORING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3001 E KNIGHTS GRIFFIN RD

PLANT CITY, FL 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS
PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH JACKSON, PRESIDENT

Name and Title: _____

Address

3001 E KNIGHTS GRIFFIN RD.

Address: _____

PLANT CITY, FL 33565

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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TALLAHASSEE, FLORIDA

(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: CONNIE A PONDER, CPA
Address: HARMAN & PEASLEE, P.A.
303 N WARNELL ST., PLANT CITY, FL 33563

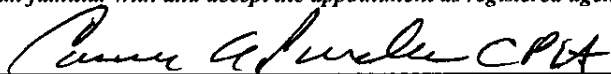
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ARTICLE VII INCORPORATOR

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

Name: JOSEPH JACKSON
Address: 3001 E KNIGHTS GRIFFIN RD.
PLANT CITY, FL 33565

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

05/07/14

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

05/07/14

Date