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DIVISION OF REVENUE

## COVER LETTER

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

**SUBJECT:** JAXON PAINTING, 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:** CLARA B. JACKSON (JAXON PAINTING, INC)  
Name (Printed or typed)

21737 JACKSON, RD

Address

CHRISMAS, FL 32709

City, State & Zip

407-568-7525

Daytime Telephone number

jaxonpainting@live.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: JAXON PAINTING, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

21737 JACKSON, RD

CHRISTMAS, FL 32709

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONSTRUCTION PAINTING

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CORPORATION  
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**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 SHARES OF COMMON STOCK WITH A \$1.00 per SHARE.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CLARA B. JACKSON P, VP, T, S.

Address 21737 JACKSON, RD

Address: \_\_\_\_\_

CHARISTMAS, FL 32709

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: CLARA B. JACKSON

Address: 21737 JACKSON, RD

CHRISTMAS, FL 32709

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STATE OF FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CLARA B. JACKSON

Address: 21737 JACKSON, RD

CHRISTMAS, FL 32709

*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.*

Clara B Jackson  
Required Signature/Registered Agent

08/04/2014  
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.*

Clara B Jackson  
Required Signature/Incorporator

08/04/2014  
Date