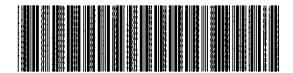
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(Requestor's Name)		
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Special Instructions	s to Filing Officer:	
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COVER LETTER

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

SUBJECT: JAX	ON PAINTING, (PROPOSE		TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) co	py of the arti	cles of incorporation and	i 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	
· · · ·				

ROM: CLARA B. JACKSON (JAXON PAINTING, ING) Name (Printed or typed)
rame (rimed 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 NA	<u>ME</u>		•	
The name of the corpor	ation shall be: JAXON PAINTING	, INC	· · ·	
ARTICLE II PR	INCIPAL OFFICE Principal street address		Mailing address, if different is:	
21737 JACK	SON, RD			
CHRISTMAS,	FL 32709			
ARTICLE III PUI	PPOSE			
	the corporation is organized is: CONS	TRUCTION PAI	NTING	
			-	
			<u>. </u>	-5 P
				<u> </u>
	stock is: 1,000 SHARES OF C SHARE. TIAL OFFICERS AND/OR DIRECT		WITH A \$1.00 per	
Name and Titl	e: 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:		

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
•		<u> </u>	· · · · · · · · · · · · · · · · · · ·
ARTICLE VI	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	CLARA B.JACKSON		# Service
Address:	2i737 JACKSON, RD		AUG RECENT
	CHRISTMAS, FL 32709	·	The state of the s
ARTICLE VII	I INCORPORATOR		
The name and	address of the Incorporator is:		
Name: C	LARA B. JACKSON		•
, Address: 2	1737 JACKSON, RD		
С	HRISTMAS, FL 32709		•
Having been na this certificate, i	med as registered agent to accept service of pro I am familiar with and accept the appointment as	cess for the above stated corpor registered agent and agree to a	ration at the place designated in act in this capacity
Con.	B lash		00/04/0044
_ co ma	Required Signature/Registered Agent	<u></u>	08/04/2014 Date
I submit this do document to the	cument and affirm that the facts stated herein of Department of State constitutes a third degree fe	are true. I am aware that the following as provided for in s.817.13	alse information submitted in a 55, F.S.
Clara	3 Jackson		08/04/2014
	Required Signature/Incorporator		Date