

P1400007615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

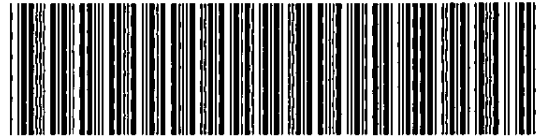
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/25/14--01015--002 **78.75

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2014 AUG 25 AM 10:06

RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS

RECEIVED
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2014 AUG 25 AM 10:17

14 AUG 25 AM 10:17

444715-01
FLOD

COVER LETTER

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

SUBJECT: William Jones Tile 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: William D. Jones
Name (Printed or typed)
530 Cooperwood Rd
Address
Crawfordville FL 32327
City, State & Zip
850 408-3101
Daytime Telephone number
williamdjones4@yahoo.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

ARTICLE I NAME

The name of the corporation shall be: William Jones Tile Inc.

14 AUG 25 AM 10:17

ARTICLE II PRINCIPAL OFFICE

Principal street address

530 Cooperwood Rd.
Crawfordville FL 32327

Mailing address if different is: SECRETARY OF STATE
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The setting & Installation
of ceramic Tile

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Billy Rodgers Name and Title: _____

Address: VP Address: _____

6835 Blountstown Hwy.
Tallahassee FL 32310

Name and Title: William Jones Name and Title: _____

Address: President Address: _____

530 Cooperwood Rd
Crawfordville FL 32327

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:

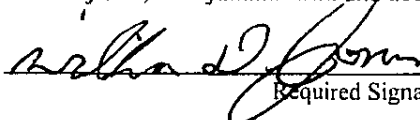
Name: William D. Jones
Address: 530 Cooper Wood Rd
Crawfordville FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

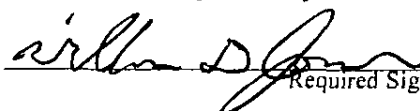
Name: William D. Jones
Address: 530 Cooperwood Rd
Crawfordville FL 32327

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

8-25-14
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

8-25-14
Date