

P14000078582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SPECIAL AGENT

9/23/14 CR

COVER LETTER

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

SUBJECT: **Jason Garaway**

(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: **Jason Garaway**

Name (Printed or typed)

920 Bridier Street

Address

Jacksonville Fl. 32206

City, State & Zip

321-217-5609

Daytime Telephone number

Pgajaygway@gmail.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: Jason Garaway Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

920 Bridier St. Jacksonville 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To obtain Workers Comp Exempt

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Garaway

Name and Title: _____

Address 920 Bridier St. Jacksonville 32206

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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: Jason GARAWAY

Address: 920 Bridier St. Jacksonville 32206

Jason Garaway

ARTICLE VII INCORPORATOR

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

Name: Same

Address: _____

Jason Garaway

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

Jason Garaway
Required Signature/Registered Agent

9/18/14

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.

Jason Garaway
Required Signature/Incorporator

9/18/14

Date