P14000084879

| (Requestor's Name) (Address) | | | | |
|---|-------------------|-------------|--|--|
| | | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (Bu | siness Entity Nar | ne) | | |
| | | | | |
| (D0 | cument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

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

| SUBJECT: JL CASKEY'S GENERAL SEVICES, INC. | | | | | | |
|--|--|-------------------------------------|--|--|--|--|
| (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | | |
| | | | | | | |
| Enclosed are an origin | al and one (1) copy of the ar | icles of incorporation ar | nd a check for: | | | |
| ☐ \$70.00 Filing Fee | X \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | | |
| | | ADDITIONAL COR | | | | |
| FROM: JOHN L. CASKEY, JR. Name (Printed or typed) | | | | | | |
| 2783 OLEANDER DR. | | | | | | |
| Address | | | | | | |
| ATLANTIC BEACH, FL 32233 City, State & Zip | | | | | | |
| 904-762-7554 | | | | | | |
| Daytime Telephone number | | | | | | |
| nwtnkthy@yahoo.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2014

JOHN L. CASKEY, JR. 2783 OLEANDER DR. ATLANTIC BEACH, FL 32233

SUBJECT: JC'S GENERAL SERVICES, INC.

Ref. Number: W14000051434

We have received your document for JC'S GENERAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

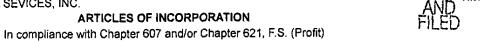
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 314A00018068

JL CASKEY'S GENERAL SEVICES, INC.

ARTICLES OF INCORPORATION



| me of the corpor | ation shall be: JL CASKEY'S GENERAL SE | VICES, INC. | |
|--|--|-------------------------------------|---|
| LE II PRINCII | | | SECRETARY OF TALLAHASSEE. F address, if different is: |
| OLEANDER DR. | | | ······································ |
| | | <u></u> | · · · · · · · · · · · · · · · · · · · |
| NTIC BEACH, FL | 32233 | | |
| CLE III PURPO urpose for which | | UCT TO THE EXTENT PER | RMITTED BY FLORIDA LAV |
| O CARRY ON IN | ANY CAPACITY ANY BUSINESS OR TRADE | DEEMED LEGAL IN THE S | STATE OF FLORIDA. |
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| CLEIV SHABI | =e | | |
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| umber of shares | | | |
| | of stock is: 100 COMMON, \$1 PAR | Name and Title: | |
| umber of shares | of stock is: 100 COMMON, \$1 PAR OFFICERS AND/OR DIRECTORS | Name and Title: | |
| umber of shares of the control of th | OF STOCK IS: 100 COMMON, \$1 PAR OFFICERS AND/OR DIRECTORS JOHN L. CASKEY, JR. PRESIDENT/DIR 2783 ORLEANDER DR. | Address: | |
| umber of shares of the control of th | of stock is: 100 COMMON, \$1 PAR OFFICERS AND/OR DIRECTORS JOHN L. CASKEY, JR. PRESIDENT/DIR | Address: | |
| umber of shares of the control of th | OF STOCK IS: 100 COMMON, \$1 PAR OFFICERS AND/OR DIRECTORS JOHN L. CASKEY, JR. PRESIDENT/DIR 2783 ORLEANDER DR. | Address: | |
| umber of shares of CLE V INITIAL Name and Title: Address: Name and Title: | OFFICERS AND/OR DIRECTORS JOHN L. CASKEY, JR. PRESIDENT/DIR 2783 ORLEANDER DR. ATLANTIC BEACH, FL 32233 | Address: Name and Title: | |
| umber of shares of the control of th | OFFICERS AND/OR DIRECTORS JOHN L. CASKEY, JR. PRESIDENT/DIR 2783 ORLEANDER DR. ATLANTIC BEACH, FL 32233 | Address: Name and Title: | |
| umber of shares of CLE V INITIAL Name and Title: Address: Name and Title: | OFFICERS AND/OR DIRECTORS JOHN L. CASKEY, JR. PRESIDENT/DIR 2783 ORLEANDER DR. ATLANTIC BEACH, FL 32233 | Address: Name and Title: Address: | |
| umber of shares of CLE V INITIAL Name and Title: Address: Name and Title: | OFFICERS AND/OR DIRECTORS JOHN L. CASKEY, JR. PRESIDENT/DIR 2783 ORLEANDER DR. ATLANTIC BEACH, FL 32233 | Address: Name and Title: Address: | |

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14 OCT 14 PM 3: 21

| Name : | and Title: | Name and Title: | CHARLETA, NO AND INTERP |
|---------------------|--|-----------------------------|---|
| Addres | | Address: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| | | | |
| | | _ | |
| | | | |
| | REGISTERED AGENT d Florida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: | JOHN L. CASKEY, JR. | | |
| Address: | 2783 ORLEANDER DR. | | |
| | ATLANTIC BEACH, FL 32233 | | |
| ARTICLE VII | INCORPORATOR | • | |
| The <u>name and</u> | d address of the Incorporator is: | | |
| Name: | JOHN L. CASKEY, JR. | ···· | |
| Address: | 2783 ORLEANDER DR. | | |
| | ATLANTIC BEACH, FL 32233 | <u> </u> | |
| | named as registered agent to accept service of process ate, I am familiar with and accept the appointment as re | | |
| | 11000 | | 8-29-14 |
| | Required Signature/Registered Agent | | Date |
| | locument and affirm that the facts stated herein are tru the Department of State constitutes a third degree felor | | |
| | 111111111 | | 8-29-14 |
| | Required Signature/Incorporator | | Date |