

P/5000004038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

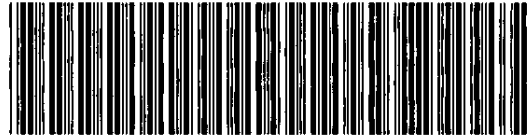
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JAN 13 PM 4:48

01/15/15

COVER LETTER

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

SUBJECT: William A. Jackson, P.A.

(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 A. Jackson

Name (Printed or typed)

905 Sarno Road

Address

Melbourne, FL 32935

City, State & Zip

(321) 394-1040

Daytime Telephone number

bill@wajcpa.com

E-mail address: (to be used for future annual report notification)

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

William A. Jackson, P.A.

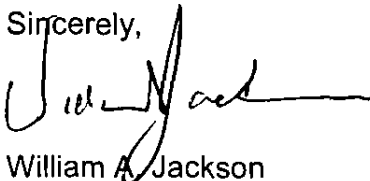
January 7, 2015

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

I, William A. Jackson, as President of William A. Jackson, P.A., have no intention to reinstate this dissolved entity (document # V60619). I would like to use it for the attached new filing.

Sincerely,



William A. Jackson
President

Attachment

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DIVISION OF CORPORATIONS
15 JAN 13 PM 4:49

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: William A. Jackson, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

905 Sarno Road
Melbourne, FL 32935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Certified Public Accounting Firm

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William A. Jackson, President

Name and Title: Melissa B. Jackson, Vice President

Address: 905 Sarno Road
Melbourne, FL 32935

Address: 905 Sarno Road
Melbourne, FL 32935

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: William A. Jackson

Address: 905 Sarno Road

Melbourne, FL 32935

ARTICLE VII INCORPORATOR

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

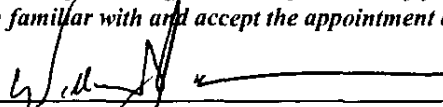
Name: William A. Jackson

Address: 905 Sarno Road

Melbourne, FL 32935

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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

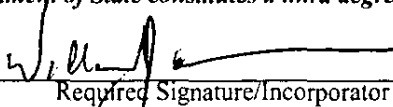


Required Signature/Registered Agent

1/7/2015

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

1/7/2015

Date