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COVER LETTER

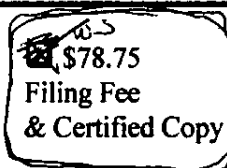
Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Sapp's Services, 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



☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Willie Jones
Name (Printed or typed)

2445 Dunn Ave #504
Address

Jacksonville, FL 32218
City, State & Zip

(904) 521-0875
Daytime Telephone number

joneswe82@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)

ARTICLE I NAME

The name of the corporation shall be: Sapp's Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2445 Dunn Ave #504
Jacksonville, FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: small home repairs,
interior and exterior painting, pressure washing
general services, small family business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Willie Jones, Owner

Address: 2445 Dunn Ave #504

Jacksonville, FL
32218

Name and Title: Cherelle Jones,

Address: Vice President

2445 Dunn Ave #504
Jacksonville, FL 32218

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: Willie Jones
Address: 2445 Dunn Ave #504
Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Willie Jones
Address: 2445 Dunn Ave #504
Jacksonville, FL 32218

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

Willie Jones
Required Signature/Registered Agent

1/24/15
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.

Willie Jones
Required Signature/Incorporator

1/24/15
Date