P 150000 12136

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600268715786

01/29/15--01014--011 **79.00

TALLAN 29 PM 2: 11
SECRETARY STATE

Q-5-15 CR

COVER LETTER

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

SUBJECT:		11CES, 117C	,
Enclosed are an orig	inal and one (1) copy of the a	ATE NAME - MUST INCL	
\$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 PY REQUIRED
FROM:	Willie Jo) NCS	

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)

PRINCIPAL OFFICE	. •		
Principal street address	4	Mailing address, if	f different is:
r and exter	ior paintino	y pressura	urs, 2 Washing 5
SHARES res of stock is:			15 JAN 29 PH 2: I
a Title: WILL JON	Name as Name as Name as Name as	: Vice Pri 2445 Du	Jones, esident nn Ave, #504 The, FL 322x
	PURPOSE hich the corporation is organi CANGLY+LY SERVICES SHARES res of stock is: INITIAL OFFICERS AN JACKSON Title: Title: Title: Title:	PURPOSE hich the corporation is organized is: SMQUI M CANDER LAND PAINTING J SERVICES, SMQUI FAMILY SHARES res of stock is: INITIAL OFFICERS AND/OR DIRECTORS I Title: WILL JONS, DWNLY Name at 2445 Dunn Ave #50 4Address JACKSONVILL, FL 32218 Title: Name at Address	PURPOSE hich the corporation is organized is: SMAII home, report Cand evterior painting, pressure J Services, smail-family business SHARES Tes of stock is: Initial officers and/or directors Ititle: Willie Jones, Dwner name and Title: Cherely 2445 Dunn Avettsotaddress: Vice pre JACKSONVIIL, FL 32218 Jacksonvii Title: Name and Title: Address: Name and Title: Name and Title:

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: WILL JONES Address: J445 DUNN AVE #504 JOCKSONVILL FL 32218 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILL JONES Address: 2445 DUNN AVE #504 JOCKSONVILL FL 3200 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	Name and Title:	N	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: WILL JONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32218 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILLJONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32DD 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	Address	A	Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: WILL JONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32218 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILLJONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32DD 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				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: WILL JONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32218 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILLJONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32DD 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				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: WILL JONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32218 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILLJONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32DD 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				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: WILL JONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32218 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILLJONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32DD 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		ICTEDED ACRES		
Name: WILL JONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32218 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILLJONES Address: 2445 DUNN AVE #504 JOCKSONVILE, FL 32007 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			ne registered agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILLLYONES Address: 2445 Dunn Are \$504 Jacksonvill, FL 3200 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	11			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILLLYONES Address: 2445 Dunn Are \$504 Jacksonvill, FL 3200 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	Address: 24	45 Dunn AVE #5)	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: WILL-JONES Address: 2445 DUNN AVE \$504 JACKSONVILL, FL 3207 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		icksonville iFL 3221	18	
The name and address of the Incorporator is: Name: WILLLONGS Address: 2445 DUNN AVL +504 JACKSONVILL, FL 3207 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				
Name: WILLJONES Address: 2445 DUNN AVE \$504 JACKSONVILL, FL 3207 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	ARTICLE VII INCO	DRPORATOR		
Address: 2445 DUNN AVL \$504 JOCKSONVILL, FL 3207 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	The name and address of	of the Incorporator is:		
JACKSONVILL, FL 32DP 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	Name:			
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	Address:		4	
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		Jacksonville, FL 3201	?	
	Having been named as i	registered agent to accept service of process fo	or the above stated corporation at ti	he place designated in
	this certificate, I am fam	iliar with and accept the appointment as registe	ered agent and agree to act in this o	capacity ,
1V1/1/ LL 1/24/15	Will		į	124/15
Regulared Signature/Registered Agent 124/15 Date			•	Date
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in	I submit this document	and affirm that the facts stated herein are tru	ie. I am aware that the false infori	mation submitted in a
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	document to the Departm			1/24/15
Required Signature/Incorporator 29 15 Date		Required Signature/Incorporator		Date