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TALLAHASSEE, FLORIDA

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S. GILBERT

## COVER LETTER

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

SUBJECT: M.W. Johnson Chemical 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

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Lawrence E. Hayden, Jr., Esq.

Name (Printed or typed)

HAYDEN Law, 1301 Penman Rd., Suite F

Address

Jacksonville Beach, FL 32250

City, State & Zip

(904) 247-9033

Daytime Telephone number

MatthewWJohnson@att.net

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: M.W. Johnson Chemical Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1013 23rd St. N.

Jacksonville Beach, FL 32250

Mailing address, if different from

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All lawful purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Matthew Willard Johnson, Director

Address: 1013 23rd St. N.  
Jacksonville Beach, FL 32250

Name and Title: Matthew Willard Johnson, President

Address: 1013 23rd St. N.  
Jacksonville Beach, FL 32250

Name and Title: Matthew Willard Johnson, Secretary

Address: 1013 23rd St. N.  
Jacksonville Beach, FL 32250

Name and Title: Elizabeth A. Johnson, Treasurer

Address: 1013 23rd St. N.  
Jacksonville Beach, FL 32250

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

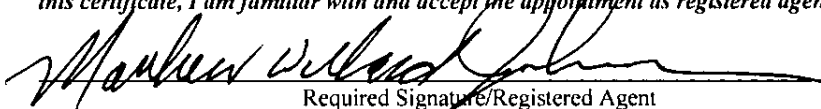
Name: Matthew Willard Johnson  
Address: 1013 23rd St. N.  
Jacksonville Beach, FL 32250

**ARTICLE VII INCORPORATOR**

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

Name: Matthew Willard Johnson  
Address: 1013 23rd St. N.  
Jacksonville Beach, FL 32250

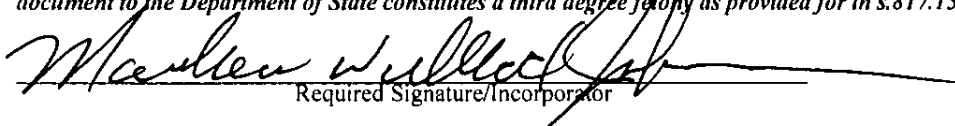
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

01/26/2015

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

01/26/2015

Date