

PL5000015185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

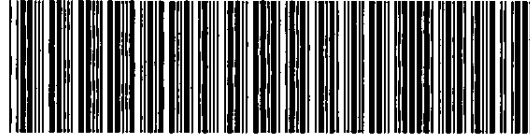
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/10/15--01014--011 **78.75

15 FEB 10 PM 12:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 2/16

COVER LETTER

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

SUBJECT: **Discount Store Fixtures Of Jax 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: **Robert L. Gates**

Name (Printed or typed)

1819 Ionia St.

Address

Jacksonville Fl. 32206

City, State & Zip

904-355-6440

Daytime Telephone number

DISFIX@AOL.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: Discount Store Fixtures Of Jax Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1819 Ionia St.

Jacksonville Fl.32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business

ARTICLE IV SHARES

The number of shares of stock is: 1200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert L. Gates - D Name and Title: _____

Address 1819 Ionia St. Address: _____

Jacksonville Fl.32206 _____

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: Robert L. Gates
Address: 1819 Ionia St.
Jacksonville Fl. 32206

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert L. Gates
Address: 1819 Ionia St.
Jacksonville Fl. 32206

15 FEB 10 PM 12:41
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

2/6/15
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.


Required Signature/Incorporator

2/16/15
Date