

PLS00002960Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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03/06/15--01004--002 **78.75

FILED
15 MAR 31 PM 1:30
SEVEN DAY 24 HOURS
TALLAHASSEE, FLORIDA

WS-16829



RECEIVED

15 MAR 18 AM 9:59

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

March 10, 2015

JOHN J ANDERSON
101362 106 TERR
LARGO, FL 33773

SUBJECT: JOHN J ANDERSON INC.
Ref. Number: W15000016829

We have received your document for JOHN J ANDERSON INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 615A00004797



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2015

JOHN J ANDERSON
101362 106 TERR
LARGO, FL 33773

SUBJECT: JOHN J ANDERSON INC.
Ref. Number: W15000016829

RECEIVED
15 MAR 31 PM 12:00
STATE
TALLAHASSEE, FLORIDA

We have received your document for JOHN J ANDERSON INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 615A00004797

COVER LETTER

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

SUBJECT: John J ANDERSON 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: John J ANDERSON
Name (Printed or typed)

10136 1/2 106 TERRACE
Address

LARGO, FLA. 33773
City, State & Zip

727-280-7332
Daytime Telephone number

JAGERMAN68@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: John J Anderson Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10136^{1/2} 106 TERRACE
LARGO, FLA. 33773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO BE ABLE TO WORK
FOR BIGGER COMPANIES AND DO WORK FOR
THEM.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
15 MAR 31 ... 1:30
SECRETARY OF STATE
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: John J Anderson
 Address: 10136^{1/2} 106 TERRACE
LARGO, FLA. 33773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John J Anderson
 Address: 10136^{1/2} 106 TERRACE
LARGO, FLA. 33773

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

John J Anderson
 Required Signature/Registered Agent

Date 3-26-15

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.

John J Anderson
 Required Signature/Incorporator

FILED
 MAR 31 11:30
 TALLAHASSEE
 STATE DEPARTMENT OF STATE
 FLORIDA