## P15000058118

. .;

(Requestor's Name)
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PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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## **COVER LETTER**

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

SUBJECT: Dustin	C. Jones Enterprise,Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an or	riginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: _		e (Printed or typed)	
	74 Mandarin Meadows Dr.N.	Address	
Jac	cksonville,Fl. 32223	radioss	
	City,	State & Zip	
	2 <i>8 / -</i> Daytime T	220 -9131 elephone number	
	F-mail address: (to be use	ove 5 0916 (b) 7A koo. d for future annual report r	Com

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)

2774 Mandarin Meadov	Deinging street address	Mailing of	nc.		
<del>· · · · · · · · · · · · · · · · · · · </del>	Principal street address of Dr.N.	Mailing address, if different is:			
Jacksonville,Fl 32223					
			- ", <b>(i)</b>		
		•	A Came		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$		
The purpose for which is					
<del>4 </del>					
			<u> </u>		
			\$4+		
-			-		
			,		
Name and Title	Dustin C. Jones, Director  2774 Mandarin Meadows Dr.N.	Name and Title:			
Address		Address:			
	Jacksonville,Fl 32223				
Name and Title:		Name and Title:			
Name and Title:					
		Address:			
		Address:			
		Address:			
Address		Address:			
Address		Address:			

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of	the registered egent is:	
Name:	Dustin C. Jones	the registered agent is.	10:01 NV 8-17
Address:	2774 Mandarin Meadows Dr.N.		A 10:0
	Jacksonville,Fl 32223		<u> </u>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
Name:	Dustin C. Jones		
Address:	2774 Mandarin Meadows Dr.N.		
	Jacksonville,Fl 32223		,
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and cannot filing.)	. (OPTIONAL) be more than five business da	ys prior or 90 business
	te inserted in this block does not meet the applicable s effective date on the Department of State's records.	tatutory filing requirements, this	s date will not be listed as
Having been na this certificate, I	amed as registered agent to accept service of process I am familiar with and accept the appointment as regi	for the above stated corporation stered agent and agree to act in	at the place designated in this capacity
			7-2-15
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false i as provided for in s.817.155, F.	information submitted in a S.
Requ	uired Signature/Incorporator		7-2-13 Date