

P15000059904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

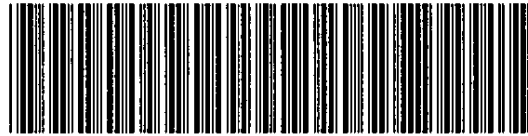
(Document Number)

Certified Copies ☒

Certificates of Status ☒

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FILED
2015 JUL 13 AM 10:15
SECRETARY OF STATE
GALLAHUSSEE, FLORIDA

JUL 20 2015

T. BROWN

COVER LETTER

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

SUBJECT: Jeff Thomas, Incorporated

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jeffrey G. Thomas

Name (Printed or typed)

2110 First Street, Suite 2-194

Address

Fort Myers, FL 33901

City, State & Zip

(239) 461-2033

Daytime Telephone number

jgt007@gmail.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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Jeff Thomas, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

2110 First Street

Suite 2-194

Fort Myers, FL 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Court Reporting Services and Consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey G. Thomas, President Name and Title: _____

Address 611 Calvin Avenue Address: _____

Lehigh Acres, FL 33972 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Jeffrey G. Thomas _____

Address: 611 Calvin Avenue _____

Lehigh Acres, FL 33972 _____

ARTICLE VII INCORPORATOR

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

Name: Jeffrey G. Thomas _____

Address: 611 Calvin Avenue _____

Lehigh Acres, FL 33972 _____

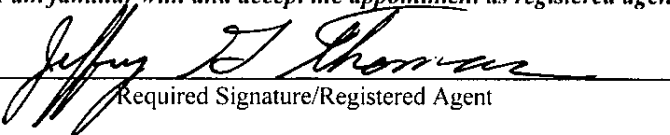
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

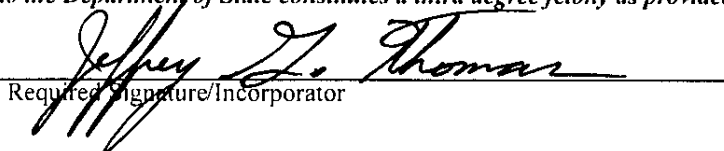


Required Signature/Registered Agent

07/08/15

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

07/08/15

Date