

P15000101815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400280130154

12/30/15--01001--005 **157.50

RECEIVED

DEPARTMENT OF STATE

15 DEC 29 PM 3:58

NOT Awaiting
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

RECEIVED

15 DEC 29 PM 4:05

RECEIVED

EFFECTIVE DATE
Jan 1, 2016

COVER LETTER

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

SUBJECT: Sharp Enterprises of North Florida 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: Sharp Enterprises of North Florida
Name (Printed or typed)

P.O. Box 56008
Address

Jacksonville, Florida 32241
City, State & Zip

(904) 450-2288
Daytime Telephone number

Enterprisesharp@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: Sharp Enterprises of North Florida INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3200 Hartley Rd Suite 216
Tam., Fla. 32257

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consultants

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ulysses Sharp (Pres) Name and Title: _____

Address P.O. Box 56008 Address: _____

Tam., Fla. 32261

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: Ulysses Sharp Jr

Address: 3200 Hartley Rd. #216

Jax, Fla. 32257

ARTICLE VII INCORPORATOR

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

Name: Ulysses Sharp Jr

Address: P.O. Box 56008

Jax, Fla. 32241

RECEIVED
TALLAHASSEE OFFICE

15 DEC 29 PM 4:03

FILED

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-1-16 (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.)

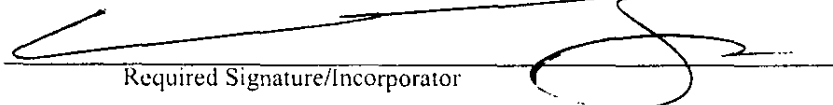
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/24/15
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

12/29/15
Date