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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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

SUBJECT: Mark.	Jones Distributing, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fee	· · · · · · · · · · · · · · · · · · ·	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY, REQ		DPY, REQUIRED
FROM: _		e (Printed or typed)	
	91 Pepper Pace	Address	
Co	ocoa, Fl 32926	Address	
	City,	State & Zip	
32	1-652-3808		
	Daytime T	elephone number	····
jbl	ossmn12lbs@yahoo.com		
	F-mail address: (to be use	d for future annual report i	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)

TICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:	
coa, Fl 32926				
FICLE III PUI	RPOSE to 6	distribute wholesale bakery	products.	
			7A.	
=				<u> </u>
			\$ 5.5°	
				3
			m s 95	5
				
FICLE IV SHA	ARES 100 of stock is: TIAL OFFICERS AND/OR DIRECT	<u>ORS</u>	⊖.η >	(E)
number of shares FICLE V INI Name and T	of stock is: TIAL OFFICERS AND/OR DIRECT itle: Mark Jones President	Name and Title	Henry Burt Secretary/Treas	
number of shares	of stock is: TIAL OFFICERS AND/OR DIRECT Mark Jones President		Henry Burt Secretary/Treas	
number of shares FICLE V INI Name and T	TIAL OFFICERS AND/OR DIRECT itle: 7060 Bright Ave	Name and Title	Henry Burt Secretary/Treas 3991 Pepper Place	
number of shares FICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECT Title: Mark Jones President 7060 Bright Ave Cocoa, Fl. 32927	Name and Title Address:	Henry Burt Secretary/Treas 3991 Pepper Place	surer
number of shares FICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECT itle: Mark Jones President 7060 Bright Ave Cocoa, Fl. 32927 tle: Luanne P Ferrara 7060 Bright Ave	Name and Title Address:	Henry Burt Secretary/Treas 3991 Pepper Place Cocoa, Fl 32926	surer
Name and Towns Name a	TIAL OFFICERS AND/OR DIRECT itle: Mark Jones President 7060 Bright Ave Cocoa, Fl. 32927 tle: Luanne P Ferrara 7060 Bright Ave	Name and Title Address: Name and Title	Henry Burt Secretary/Treas 3991 Pepper Place Cocoa, Fl 32926	surer
Name and Tanders Name and Tanders Name and Tanders Name and Tanders	TIAL OFFICERS AND/OR DIRECT Title: Mark Jones President 7060 Bright Ave Cocoa, Fl. 32927 tle: Luanne P Ferrara 7060 Bright Ave Cocoa, Fl 32927	Name and Title Address: Name and Title Address:	Henry Burt Secretary/Treas 3991 Pepper Place Cocoa, Fl 32926	surer
Name and Tanders Name and Tanders Name and Tanders Name and Tanders	TIAL OFFICERS AND/OR DIRECTOR Title: Mark Jones President 7060 Bright Ave Cocoa, Fl. 32927 tle: Luanne P Ferrara 7060 Bright Ave Cocoa, Fl 32927	Name and Title Address: Name and Title Address: Name and Title	Henry Burt Secretary/Treas 3991 Pepper Place Cocoa, Fl 32926	surer

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT Storida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Henry Burt	able) of the registered agent is.	
Address:	3991 pepper Place	·····	anne f
Addicss.	Cocoa Fl 32926		
ARTICLE VII	<u>INCORPORATOR</u>		Consum
The name and a	ddress of the Incorporator is:		THE STATE OF THE S
Name:	Henry Burt		\$ 100 P
Address:	3991 Pepper Place		
	Cocoa, Fl 32926		
Effective date, if	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and liling.)	. (OPTIONA cannot be more than five busi	
	e inserted in this block does not meet the app effective date on the Department of State's re		ents, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corp t as registered agent and agree to	poration at the place designated in o act in this capacity
/4	1 R-		12/28/2015
/	Required Signature/Registered Age	ent	Date
I submit this document to the	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the e felony as provided for in s.817.	e false information submitted in a .155, F.S.
Th	1 R-		12/28/2015
Requ	ired Signature/Incorporator		Date