

P160000003830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

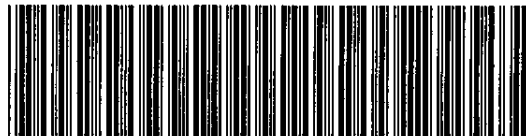
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/05/16--01017--007 **87.50

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16 JAN -5 AM 8:47

SECRETARIAL
DIVISION

JAN 5 2016

S. PRATHER

COVER LETTER

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

SUBJECT: North Florida Art Services, 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 Mayer
Name (Printed or typed)

3853 Hendricks Avenue
Address

Jacksonville, Florida 32207
City, State & Zip

904-859-8303 Michelle Shaw
Daytime Telephone number

NFASINC@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)

ARTICLE I NAME

The name of the corporation shall be: North Florida Art Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3853 Hendricks Avenue

Jacksonville, Florida 32207

904-859-8303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Art Services, Framing and Sale of Fine Arts,

Appraisals and Restoration of Fine Arts

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Mayer

Address 3853 Hendricks Avenue

Jacksonville, Florida 32207

954-803-1842

Name and Title: Vice President 98%

Address: _____

Name and Title: Patricia Mayer

Address 3853 Hendricks Avenue

Jacksonville, Florida 32207

954-803-1842

Name and Title: President 1%

Address: _____

Name and Title: Michelle Shaw

Address 1360 Murray Drive

Jacksonville, Florida 32205

Name and Title: Secretary and Treasurer 1%

Address: _____

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16 JUN -5 AM 8:43
CLERK OF SUPERIOR COURT
JACKSONVILLE, FLORIDA

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 Mayer _____

Address: 3853 Hendricks Avenue _____

Jacksonville, Florida 32207 _____

ARTICLE VII INCORPORATOR

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

Name: Michelle Shaw _____

Address: 1360 Murray Drive _____

Jacksonville, Florida 32207 _____

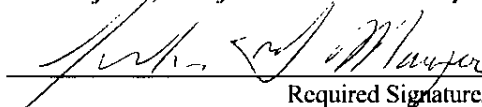
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/05/2016 (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

1-4-16
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

1-04-2016
Date

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16 JAN -5 AM 8:48
SECRETARY OF STATE
JACKSONVILLE, FLORIDA