

P16000026125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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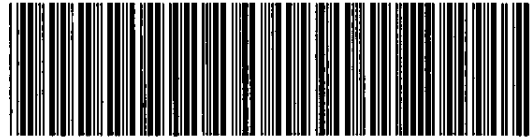
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 MAR 16 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/23/16

## COVER LETTER

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

**SUBJECT:** MC JONES HOLDINGS, 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      ☐ \$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:** COLEEN DUCKWORTH

Name (Printed or typed)

311 HIBISCUS STREET

Address

CHULUOTA, FL 32766

City, State & Zip

3523878700

Daytime Telephone number

AMY@DEANFIRM.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314  
SECRETARY OF STATE

**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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**ARTICLE I NAME**

The name of the corporation shall be: MC JONES HOLDING, INC.

16 MAR 16 PM 3:14

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

311 HIBISCUS ST

CHULUOTA, FL 32766

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation may engage in the transaction of any or all lawful business for which corporations may be incorporated

under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Coleen Duckworth

Name and Title:

Address 311 Hibiscus Street

Address:

Chuluota, FL 32766

Name and Title: Michael Jones

Name and Title:

Address 311 Hibiscus Street

Address:

Chuluota, FL 32766

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: Michael E. Dean \_\_\_\_\_

Address: 230 NE 25th Ave, Suite 300 \_\_\_\_\_

Ocala, FL 34470 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Coleen Duckworth \_\_\_\_\_

Address: 311 Hibiscus Street \_\_\_\_\_

Chuluota, FL 32766 \_\_\_\_\_

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TALLAHASSEE, FLORIDA

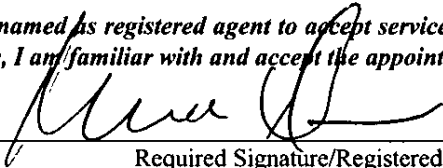
**ARTICLE VIII EFFECTIVE DATE:**

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

3-1-16

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

3/1/16

Date