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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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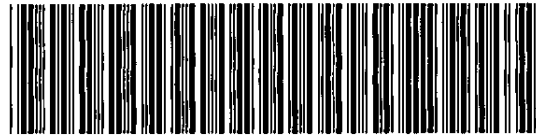
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT:

J.M Saxon 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:

Jeff Saxon

Name (Printed or typed)

6700 Oakshore Dr. Condo 202

Address

Panama City, Florida 32404

City, State & Zip

(419) - 989 - 5010

Daytime Telephone number

Kicker LT Kid@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: J. M. Saxon Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6700 Oakshore Dr. condo 202
Panama City Florida 32404

P.O. Box 202
6700 Oakshore Dr. Panama City Florida
32404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Carpentry

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeff Saxon President Name and Title: _____

Address: 6700 Oakshore Dr. Address: _____
condo 202 Panama City
Florida 32404

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE OF FLORIDA
SECRETARY OF STATE
FILED

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRET
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John Hurst
Address: 100 Laurelwood St.
Wewahatchka Fl. 32465

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeff Saxon
Address: 6700 Oakshore Cir.
Panama City, 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

[Signature] Required Signature/Registered Agent 5-31-16 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.

[Signature] Required Signature/Incorporator 5-31-16 Date