

PI6000047321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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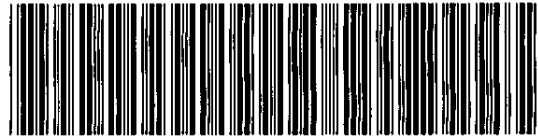
(Business Entity Name)

(Document Number)

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

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16 MAY 31 PM 2:01  
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT:

J W Hurst 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 Hurst

Name (Printed or typed)

100 LAURELWOOD ST

Address

Wewahitchka FL 32465

City, State & Zip

850-227-4276

Daytime Telephone number

JohnW.HURSTInc@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  
AND  
FILED

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:

JW Hurst Inc.

16 MAY 31 PM 2:01

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100 LAURELWOOD ST.  
WEWAHITCHKA FL 32465

100 LAURELWOOD ST  
WEWAHITCHKA FL 32465

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~TO~~ CARPENTRY

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

PRESIDENT

Name and Title:

John Hurst (PRES.)

Address:

Address:

100 LAURELWOOD ST  
WEWAHITCHKA  
FL 32465

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 16 MAY 31 PM 2:01

Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
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  
WEWAHITCHKA FL 32465

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John Hurst  
Address: 100 LAURELWOOD ST  
WEWAHITCHKA FL 32465

**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

John Hurst 5-31-16  
Required Signature/Registered Agent 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.

John Hurst 5-31-16  
Required Signature/Incorporator Date