

P16000047957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000285889290

05/23/16--01052--014 **87.50

FILED
16 MAY 23 PM 5:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

72#
6/2/16

COVER LETTER

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

SUBJECT: JANE AND GEORGE INDUSTRIES, 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: NATHAN E DAMERON

Name (Printed or typed)

4197 49TH AVE SOUTH

Address

SAINT PETERSBURG, FLORIDA 33711

City, State & Zip

727 698 4903

Daytime Telephone number

ndameron@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: JANE AND GEORGE INDUSTRIES, INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
4197 49TH AVE SOUTH

SAINT PETERSBURG, FLORIDA 33711

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ON LINE RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATHAN E DAMERON, PRESIDENT

Address 4197 49TH AVE SOUTH

SAINT PETERSBURG

FLORIDA 33711

Name and Title: _____

Address: _____

Name and Title: RUBY M LEFFLER, TREASURER

Address 11625 TWP RD 390

THORNVILLE

OHIO 43076

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
16 MAY 23 PM 5:26
SECRETARY OF STATE
TALLAHASSEE 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: NATHAN E DAMERON

Address: 4197 49TH AVE SOUTH

SAINT PETERSBURG ,FL 33711

ARTICLE VII INCORPORATOR

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

Name: NATHAN E DAMERON

Address: 4197 49TH AVE SOUTH

SAINT PETERSBURG FL 33711

FILED
16 MAY 23 PM 5:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

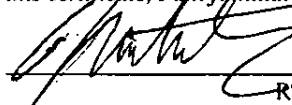
ARTICLE VIII EFFECTIVE DATE:

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

5-18-2016

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

5-18-2016

Date