

P16000056652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

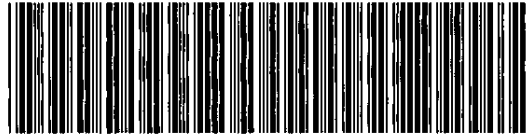
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/16--01014--018 **78.75

FILED
16 JUN 30 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: JACKSON, 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 T PARETT

Name (Printed or typed)

2819 WINDCREST OAKS CT.

Address

VALRICO, FL 33594

City, State & Zip

813-766-3471

Daytime Telephone number

BONA PARETT@YAHOO.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)

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ARTICLE I NAME

The name of the corporation shall be: JICKSON, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2819 WINDCREST OAKS CT.

2819 WINDCREST OAKS CT.

VALRICO, FL 33594

VALRICO, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Corporation is to engage in any lawfully act or
activity permitted under the laws of the State of Florida and the United States.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN PARETT, PRESIDENT

Name and Title: LIPITHA PARETT, VICE PRESIDEN

Address 2819 WINDCREST OAKS CT.

Address: 2819 WINDCREST OAKS CT.

VALRICO, FL 33594

VALRICO, FL 33594

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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16 JUN 30 AM 8:49

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: JOHN PARETT
Address: 2819 WINDCREST OAKS CT.
VALRICO, FL 33594

ARTICLE VII INCORPORATOR

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

Name: JOHN PARETT
Address: 2819 WINDCREST OAKS CT.
VALRICO, FL 33594

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 1, 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

② John Parett
Required Signature/Registered Agent

6/21/2016
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.

② John Parett
Required Signature/Incorporator

6/21/2016
Date