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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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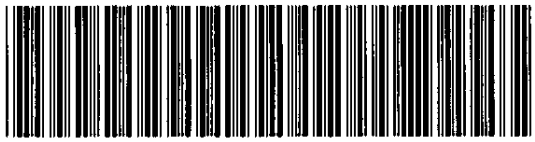

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16 SEP -6 AM 9:49

COVER LETTER

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

SUBJECT: JIM WINTERS 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: JAMES WINTERS
Name (Printed or typed)

3521 WILLOW SPRINGS LN
Address

TALL. FL 32312
City, State & Zip

850 688-7795
Daytime Telephone number

WINTERSX4@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: Jim Winters INC.

ARTICLE II PRINCIPAL OFFICE
Principal **street** address: 3521 Willow Springs LN Tallahassee, FL 32312

Mailing address, if different is: same as

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all Lawful Business

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Winters owner
Address: 3521 Willow Springs LN Tall FL 32312

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: JAMES WINTERS

Address: 3521 WILLOW SPRINGS LN TALL FL 32312

ARTICLE VII INCORPORATOR

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

Name: JAMES WINTERS

Address: 3521 WILLOW SPRINGS LN TALL FL 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/SEP/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

X _____ 6/SEP/2016

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.

X _____ 6/Sep/2016

Required Signature/Incorporator Date