

P/6 000081788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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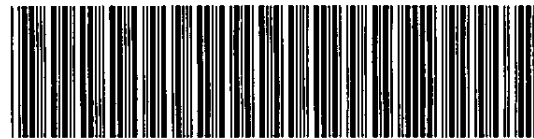
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
OFFICE OF REVENUE

M. MOC

OCT -6 2016

COVER LETTER

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

SUBJECT: Jax Audiology & Hearing Aid Center, 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: Jax Audiology & Hearing Aid Center, Inc.

Name (Printed or typed)

4394 Morning Dove Drive

Address

Jacksonville, FL 32258

City, State & Zip

(404) 697-7255

Daytime Telephone number

lcreager61@hotmail.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jax Audiology & Hearing Aid Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4394 Morning Dove Drive

4394 Morning Dove Drive

Jacksonville, FL 32258

Jacksonville, FL 32258

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leslie A Newmeyer, Pres. Sec

Name and Title: John R Newmeyer, VP, Treas

Address 4394 Morning Dove Drive

Address: 4394 Morning Dove Drive

Jacksonville, FL 32258

Jacksonville, FL 32258

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRET
FBI
JAX

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: Leslie A Newmeyer _____

Address: 4394 Morning Dove Drive _____

Jacksonville, FL 32258 _____

ARTICLE VII INCORPORATOR

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

Name: Leslie A Newmeyer _____

Address: 4394 Morning Dove Drive _____

Jacksonville, FL 32258 _____

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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

Leslie A Newmeyer

Required Signature/Registered Agent

10-4-16
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.

Leslie A Newmeyer

Required Signature/Incorporator

10-4-16
Date