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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 31 PM 5:14

NOON  
OCT 31 2016

## COVER LETTER

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

**SUBJECT:** Jacksonville Docks, 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:** Terence Clifford Kneale

Name (Printed or typed)

12100 Dividing Oaks Trail West

Address

Jacksonville, FL 32223

City, State & Zip

904-716-6720

Daytime Telephone number

Terrykneale7@gmail.com

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

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TALLAHASSEE, FL 32314

**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: Jacksonville Docks, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12100 Dividing Oaks Trail West

Jacksonville, FL 32223

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Boat Dock Building Company

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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TALLAHASSEE  
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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Terence Clifford Kneale, President

Name and Title: Terence Clifford Kneale, Treasurer

Address 12100 Dividing Oaks Trail West

Address: 12100 Dividing Oaks Trail West

Jacksonville, FL 32223

Jacksonville, FL 32223

Name and Title: Terence Clifford Kneale, Director

Name and Title:

Address 12100 Dividing Oaks Trail West

Address:

Jacksonville, FL 32223

Name and Title: Terence Clifford Kneale, Secretary

Name and Title:

Address 12100 Dividing Oaks Trail West

Address:

Jacksonville, FL 32223

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: Terence Clifford Kneale

Address: 12100 Dividing Oaks Trail West  
Jacksonville, FL 32223

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Terence Clifford Kneale

Address: 12100 Dividing Oaks Trail West  
Jacksonville, FL 32223

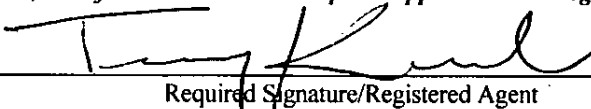
**ARTICLE VIII EFFECTIVE DATE:**

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.)

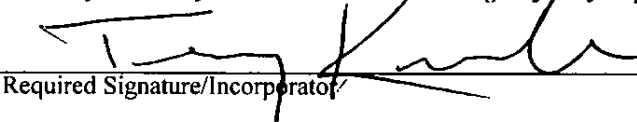
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/25/16  
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.*

  
Required Signature/Incorporator

10/25/16  
Date