

P16000088776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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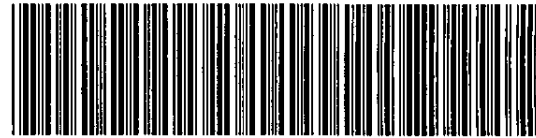
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 NOV -4 AM 8:33
STATE
TALLAHASSEE FLORIDA

11/2/16

COVER LETTER

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

SUBJECT: JOHNSON'S MILLS LLC.
(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: FRANK ALSTON JOHNSON
Name (Printed or typed)
1298 SW PARMA AVE.
Address
PORT ST LUCIE, FL 34953
City, State & Zip
772-333-5477
Daytime Telephone number
johnsonsmills@icloud.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2016

FRANK ALSTON JOHNSON
1298 SW PARMA AVENUE
PORT ST LUCIE, FL 34953

SUBJECT: JOHNSON'S MILLS, LLC
Ref. Number: W16000072339

We have received your document for JOHNSON'S MILLS, LLC and your check(s) totaling \$99.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 416A00022809



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2016

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1298 SW PARMA AVENUE
PORT ST LUCIE, FL 34953

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Ref. Number: W16000072339

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Neysa Culligan
Regulatory Specialist II

Letter Number: 416A00022809

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: Johnson's Mills Company. _____

ARTICLE II: PRINCIPAL OFFICE

Principal street address: _____ 1298 SW Parma Ave.

Port St Lucie FL 34953 _____

Principal mailing address: 1298 SW Parma Ave.

Port St Lucie FL 34953 _____

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is: "The purpose of Johnson's Mills LLC. Is to engage in any lawful activity for which a Limited Liability Company may be organized in this state.

ARTICLE IV: SHARES

The number of shares of stock is: 100,000

ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ___ Frank Johnson CEO _____

Address: ___ 1298 SW Parma Ave port St Lucie FL 34953 _____

Name and Title: _____

Address: _____

ARTICLE VI: REGISTERED AGENT

The name and Florida street address (PO Box not acceptable) of the registered agent is:

15 NOV -4 AM 8:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name: Brittany Johnson

Address: 1298 SW Parma Ave. Port St Lucie FL 34953

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.

Signature of Registered Agent:  Date: 10.30.2016.

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.

Signature of Incorporator:  Date: 10.30.2016.

16 NOV -4 AM 8:33
SECRET OF STATE
TALLAHASSEE FLORIDA