

P170000/3023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

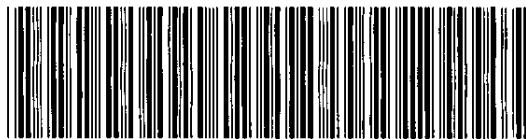
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/10/17--01016--009 \*\*70.00

RECEIVED  
17 FEB 10 PM 1:30  
SUPREME COURT OF FLORIDA

FILED  
17 FEB 10 PM 2:16  
CLERK OF COURT  
FALL HALL, FLORIDA

V HERRING  
FEB 10 2017

## COVER LETTER

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

SUBJECT: Jason Hudspeth Coatings 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Jason Matthew Hudspeth  
Name (Printed or typed)

168 mohave rd  
Address

Crawfordville FL 32327  
City, State & Zip

850 766-3220  
Daytime Telephone number

\_\_\_\_\_  
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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Jason Hudspeth coatings inc 17 FEB 10 PM 2:16

ARTICLE II PRINCIPAL OFFICE

Principal street address

168 mohave Rd

Crawfordville FL 32327

SECRETARY OF STATE  
MAILING ADDRESS  
ALBUQUERQUE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful  
businesses.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: owner/president Name and Title: \_\_\_\_\_

Address: Jason Hudspeth Address: \_\_\_\_\_

168 mohave Rd Crawfordville FL

32327

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED

17 FEB 10 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jason Matthew Hudspeth

Address: 168 mohave rd 32327

Crawfordville FL

**ARTICLE VII INCORPORATOR**

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

Name: Jason Matthew Hudspeth

Address: 168 mohave rd 32327

Crawfordville FL

**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*

Jason Hudspeth  
Required Signature/Registered Agent

2/10/17  
Date

*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.*

Jason Hudspeth  
Required Signature/Incorporator

2/10/17  
Date