

P17000013279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

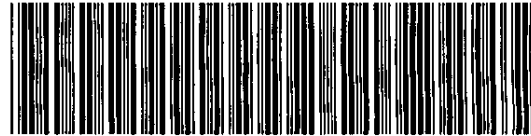
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600295111306

02/10/17--01015--001 **78.75

FILED
17 FEB 10 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/13/17

COVER LETTER

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

SUBJECT: J's Custom Fabrication & Welding 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: Charles Lachance

Name (Printed or typed)

1589 South East Niemeyer Circle

Address

Port Saint Lucie, Florida 34952

City, State & Zip

(772) 370-9272

Daytime Telephone number

danielblake1@bellsouth.net

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

J's Custom Fabrication & Welding Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

1589 South East Niemeyer Circle

Port Saint Lucie, Florida 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

FILED
17 FEB 10 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles J. Lachance President

Name and Title: _____

Address 1589 Niemeyer Circle

Address: _____

Port Saint Lucie, Florida 34952

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Charles J. Lachance

Address: 1589 Niemeyer Circle

Port Saint Lucie, Florida 34952

FILED
17 FEB 10 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Charles J. Lachance

Address: 1589 Niemeyer Circle

Port Saint Lucie, Florida 34952

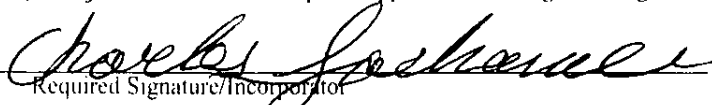
ARTICLE VIII EFFECTIVE DATE:

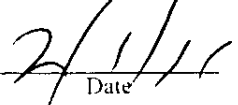
Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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.

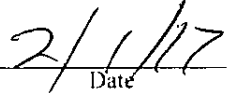
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:


Required Signature/Incorporator


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


Date