

P172000068870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

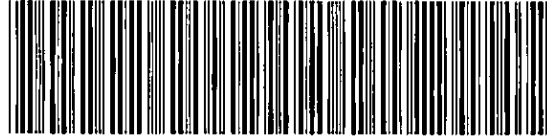
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2017 AUG 16 PM 1:52

CLERK OF COURT  
TALLAHASSEE, FLORIDA

2017 AUG 16 PM 1:14

CLERK OF COURT  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: J + D Tile 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: James Henderson  
Name (Printed or typed)

346 KOA rd  
Address

monticello FL 32344  
City, State & Zip

352 578 - 0331  
Daytime Telephone number

dona.bacher<sup>53</sup>@gmail.com  
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

The name of the corporation shall be: D+J FI  
~~DD~~ Tile INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

346 Koa rd  
mentice11o Fl 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Tile work

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Henderson Name and Title: \_\_\_\_\_

Address 346 Koa rd Address: \_\_\_\_\_

mentice11o Fl

32344

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

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

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

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

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2017 AUG 16 PM 1:52  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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: James Henderson

Address: 346 KOA rd

Monticello FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James Henderson

Address: 346 KOA rd

Monticello FL 32344

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8-16-17 (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:*

James Henderson  
Required Signature/Registered Agent

8-16-17  
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.*

James Henderson  
Required Signature/Incorporator

8-16-17  
Date