## 717000069572

(Requestor's Name)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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## COVER LETTER

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

SUBJECT: THOMAS D. Jac	KSON, INC.
(PROPOSED CORPORA	TE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Thomas	D. Jackson
P.O. B	ox 15156
Panama C	City, Fl. 32406
850 - 7 Daytime	69-7664 Telephone number
E-mail address: (to be use	3 B AOL. COM ed 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)

The name of the corpora	ME ation shall be: Thomas D.	Jackson	, INC.	
ARTICLE II PR	INCIPAL OFFICE			
	Principal street address		Mailing address, if different i	s:
	2326, 23 CIRCLE PANAMA, CITY, FL 32405		Thomas D. Jackson P.O. Box 15156	
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is:		Panama City, Fl. 32406	
"The purpo	se of the corporation is to en	ngage in any	lawful act	
or activity for	which corporations may be org	anized under	the General	
Corporation Law	of Floridacy.			
ARTICLE IV SH The number of shares of				
	ITIAL OFFICERS AND/OR DIRECTOL			
Name and Title: Address:	Thomas D. Jackson, P.D.S. P.O. Box 15156 Panama City, Fl. 32406	Name and Title Address:		<del></del>
	•			
Name and Title. Address:		Name and 1:th Address:	e:	
		<del></del>		
Name and Title: Address:		Name and Titl Address:	e:	
ADTICLE III DE	COICADDED ACENT		<u> </u>	<u> </u>
	<u>CGISTERED AGENT</u> a street address (P.O. Box NOT acceptable) (	of the registered ag	ent is:	
Name:	THOMAS D. JACKSON	_	1.1 	<b>注 5</b>
Address:	2326 23 CIRCLE	TF.	9 <u>.7</u>	(f) 17
	PANAMA CITY, FL 3240	<del>,                                    </del>	,	
ARTICLE VII IN				
	ss of the Incorporator is:		\$0 \$0	A
Name: Address:	Thomas D. Jackson		AO.	<u>⊬</u> ਨੂੰ
Addiess.	P.O. Box 15156 Panama City, Fl. 32406		·	
Having been named of this certificate; 11 am for	as registered agent to accept service of proce amiliar with and accept the appointment as re	ess for the above s egistered agent and	tated corporation at the plant agree to act in this capacity	ce designated in
I markania alda dan arra	• •	ea teua. Lam anna	es that the foles information	a submittad in o
document to the Department	rnt and affirm that the facts stated herein a artment of State constitutes a third degree feld Required Signature/Incorporator	ne irue. I am awa. Ony as provided for	in s.817.155, F.S. $\frac{8 / 15}{}$	Date