

P17000078775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

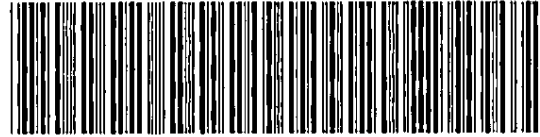
(Business Entity Name)

(Document Number)

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

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M. MOON

## COVER LETTER

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

SUBJECT: \_\_\_\_\_  
(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: Jimnie L. Wilson  
Name (Printed or typed)

2515 Lindsey Ct  
Address

Tallahassee Fla 32310  
City, State & Zip

599-5956

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.

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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:

Jimmie L Wilson & Son Painting Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2515 Lindsey Ct  
Tallahassee Fla

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Painting

ARTICLE IV SHARES

The number of shares of stock is:

#  
2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jimmie L Wilson

Name and Title:

Jay A Wilson

Address

2515 Lindsey Ct  
Tallahassee Fla

Address:

2515 Lindsey Ct  
Tallahassee Fla

Z 32310

Z 32310

Name and Title:

P.

Name and Title:

V.P.

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2017 OCT -2 PM 1:15  
CLERK OF SUPERIOR COURT  
JIMMIE L WILSON & SON PAINTING INC

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: Timmie L Wilson

Address: 2515 Lindsey Ct  
Tallahassee FL 32310

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James E Wilson

Address: 2515 Lindsey Ct  
Tallahassee FL 32310

**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 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

Timmie L Wilson  
Required Signature/Registered Agent

10/2/17  
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 E Wilson  
Required Signature/Incorporator

10/2/17  
Date

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TALLAHASSEE, FL  
DEPT. OF STATE