

P17000079436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

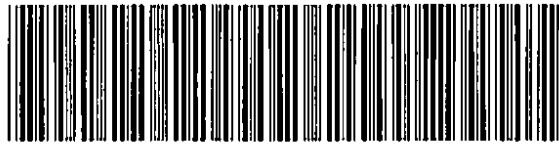
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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10/05/17--01005--003 **70.00

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17 OCT -5 AM 9:28

FILED
2017 OCT -5 AM 9:24
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

COVER LETTER

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

SUBJECT: Jason Rhodes 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: Jason Rhodes
Name (Printed or typed)

701 blueberry Drive
Address

Grandridge Florida 32442
City, State & Zip

727-278-5502
Daytime Telephone number

jasonrhodes8407@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

I Jason Rhodes have no
intentions of reinstating the
business "Jason Rhodes INC" # P16-29130

Don Rhodes 10-4-17

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: Jason Rhodes inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

701 Blueberry Drive
Grandridge Florida 32442

701 Blueberry Drive
Grandridge Florida 32442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
business

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jason Rhodes (P) Name and Title: _____

Address 701 Blueberry Drive Address: _____
Grandridge Florida
32442

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2017 OCT -5 AM 9:26
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: Jason Rhodes

Address: 701 Blueberry Drive
Grandridge Florida 32442

ARTICLE VII INCORPORATOR

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

Name: Jason Rhodes

Address: 701 Blueberry Drive
Grandridge Florida 32442

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

Jason Rhodes

Required Signature/Registered Agent

10-4-17

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.

Jason Rhodes

Required Signature/Incorporator

10-4-17

Date