

P17000095743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

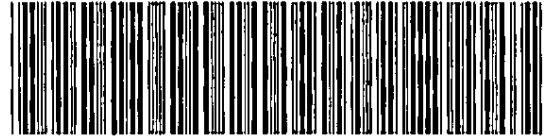
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CLERK / CLY OF STATE
TALLAHASSEE, FLORIDA

September 27, 2017

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference Jayhawker Security Inc. EIN 45-4670062

Florida Document number P12000025131

Dear Department:

It has come to my attention that my florida corporation has been dissolved for non payment of the annual report fees. At this time as the sole shareholder and owner of this Florida Corporation, I would ask that the department release my Florida document number of P12000025131.

I am also enclosing articles that I would ask the department to file for me at this time.

Thanking you for your assistance with these matters.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy C Edwards", followed by the word "president" written in a cursive script.

Timothy C Edwards

President

COVER LETTER

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

SUBJECT: JAYHAWKER SECURITY 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: TIMOTHY C EDWARDS

Name (Printed or typed)

709 CAPE CORAL PARKWAY W

Address

CAPE CORAL, FL 33914

City, State & Zip

785-806-5537

Daytime Telephone number

Eddie13t@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)

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ARTICLE I NAME JAYHAWKER SECURITY INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
709 CAPE CORAL PARKWAY W
CAPE CORAL, FL 33914

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from principal office address:
413 N 12TH
FREDONIA, KS 66736

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS PERTAINING TO SECURITY SERVICES

ARTICLE IV SHARES

100 SHARES @\$1.00 PER SHARE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIMOTHY C EDWARDS, PRESIDENT

Name and Title: _____

Address 413 N 12TH

Address: _____

FREDONIA, KS 66736

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: RONALD ST. CLAIR
Address: 709 CAPE CORAL PARKWAY W
CAPR CORAL, FL 33914

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TIMOTHY C EDWARDS
Address: 413 N 12TH
FREDONIA, KS 66736

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:

Ronald St. Clair

Required Signature/Registered Agent

9/29/17

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.

Timothy C Edwards

Required Signature/Incorporator

11/17/17

Date