

P18000009724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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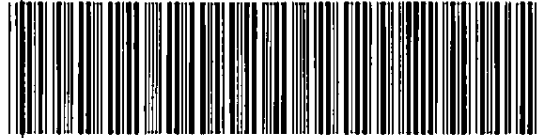
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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N CULLIGAN

JAN 30 2018

COVER LETTER

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

SUBJECT:

J. W. MARY 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:

Joseph Williams

Name (Printed or typed)

2658 S Ave Duhan

Address

Tu / FL 32308

City, State & Zip

850-251-7658

Daytime Telephone number

JOE.WILLIAMS1599@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. Joseph Williams
will not Reinstated
J. W. MASON Inc.

w/ P15000067001

will file Power of Attorney

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jan 4 1-30-18

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: S.W. MASOBY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2658 Sames Quhart
TALL, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MASOBY WORKS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Williams ~~Chairman~~

Address: 2658 Sames Quhart
TALL FL
32308

Name and Title: ~~SECRETARY~~ Prec.

Address: 2658 Sames Quhart
TALL FL
32308

Name and Title: TEIKA TUBER

Address: 2658 Sames Quhart
TALL FL
32308

Name and Title: VP.

Address: _____

Name and Title: SEBASTIAN SMITH

Address: 2658 Sames Quhart
TALL
32308

Name and Title: SEC.

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, 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: Joseph Williams

Address: 2655 Sams Creek
Trl F1 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Williams

Address: 2655 Sams Creek
Trl F1 32305

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

[Signature]
Required Signature/Registered Agent

1-30-15
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.

[Signature]
Required Signature/Incorporator

1-30-15
Date

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TALLAHASSEE, FLORIDA