

P18 000 043 176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

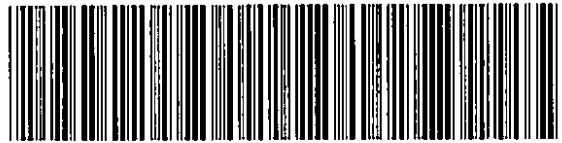
(Business Entity Name)

(Document Number)

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

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2018 MAY 14 PM 1:05  
JAIL SUPERVISOR

D O'KEEFE  
MAY 14 2018

## COVER LETTER

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

**SUBJECT:** Jaxpert Hauling, 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      ☐ \$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:** Johnny Johnson

\_\_\_\_\_  
Name (Printed or typed)

6857 Sage Dr.

\_\_\_\_\_  
Address

Jacksonville, FL 32210

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

jaxperthauling@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)

**ARTICLE I NAME**

Jaxpert Hauling, Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6857 Sage Dr.

Mailing address, if different is:

1343 Bulls Bay Hwy. Jax. FL. 32220

Jacksonville, FL 32210

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

5000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Johnny Johnson

Name and Title: \_\_\_\_\_

Address 6857 Sage Dr.

Address: \_\_\_\_\_

Jacksonville, FL. 32210

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2013 MAY 14 PM 1:05  
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: Todd Robinson

Address: 2277 CHEROKEE COVE TR  
JACKSONVILLE, FL 32221

**ARTICLE VII INCORPORATOR**

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

Name: Todd Robinson

Address: 2277 CHEROKEE COVE TR  
JACKSONVILLE, FL 32221

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2013 MAY 14 PM 1:05  
CLERK OF THE  
COURT

**ARTICLE VIII EFFECTIVE DATE:** 05/09/2018

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*

Todd Robinson

Required Signature/Registered Agent

5/9/18  
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.*

Todd Robinson

Required Signature/Incorporator

5/9/18  
Date