

P18 000 062 192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

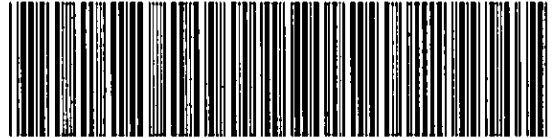
(Business Entity Name)

(Document Number)

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

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18 JUL 13 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
JUL 17 2018

W18-21772



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2018

JACINT JAGICZA  
10150 BELLE RIVE BLVD. APT 504  
JACKSONVILLE, FL 32256

SUBJECT: JACINT JAGICZA INC  
Ref. Number: W18000021772

We have received your document for JACINT JAGICZA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 118A00004548

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TALLAHASSEE, FLORIDA

**Terence N. Thurson**

Full Service Accounting Firm

8672 Phillips Highway

Jacksonville, FL 32256

Tele: (904) 764-7717

Fax: (904) 652-0365

Email: [tntrt1@bellsouth.net](mailto:tntrt1@bellsouth.net)

Web: [thursonaccounting.com](http://thursonaccounting.com)

February 25, 2018

RE: P05000051633

JACINT JAGICZA INC

Attn: Jacint Jagicza

11144 WINDHAVEN DRIVE N

Jacksonville, FL 32225

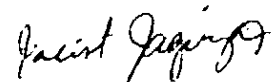
To Whom This May Concern,

The above referenced individual Mr. Jacint Jagicza is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



Jacint Jagicza - President

RECEIVED  
2018 JUL 13 PM 1:03  
FEDERAL  
SERVICES

**COVER LETTER**

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

**SUBJECT:** JACINT JAGICZA 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:** JACINT JAGICZA  
Name (Printed or typed)  
11144 WINDHAVEN DRIVE N  
Address  
JACKSONVILLE, FL 32225  
City, State & Zip  
904-588-3809  
Daytime Telephone number  
TNTRLTI@BELLSOUTH.NET  
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**

The name of the corporation shall be: JACINT JAGICZA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11144 WINDHAVEN DRIVE N  
JACKSONVILLE, FL 32225

Mailing address, if different is:

**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: JACINT JAGICZA - PRESIDENT

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

Address: 11144 WINDHAVEN DRIVE N

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

JACKSONVILLE, FL 32225

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

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

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

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

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

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

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

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

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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: JACINT JAGIZA

Address: 11144 WINDHAVEN DRIVE N

JACKSONVILLE, FL 32225

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JACINT JAGIZA

Address: 11144 WINDHAVEN DRIVE N

JACKSONVILLE, FL 32225

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**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*

Jacint Jagiza  
Required Signature/Registered Agent

7/13/18  
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.*

Jacint Jagiza  
Required Signature/Incorporator

7/13/18  
Date