

P18000082034

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

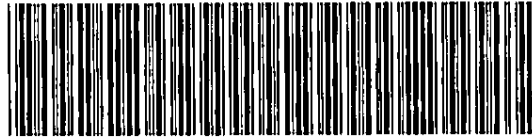
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
25TH SEP 28 AM 9:49

FILED

## COVER LETTER

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

**SUBJECT:** JULIA HENRY WILSON 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: JULIA HENRY-WILSON  
\_\_\_\_\_  
Name (Printed or typed)

11520 BRIDGES RD  
\_\_\_\_\_  
Address

JACKSONVILLE, FL 32218  
\_\_\_\_\_  
City, State & Zip

904-764-7717  
\_\_\_\_\_  
Daytime Telephone number

TNTRLT1@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** JULIA HENRY WILSON INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
11520 BRIDGES RD \_\_\_\_\_  
JACKSONVILLE, FL 32218 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE** ANY AND ALL LAWFUL BUSINESS.  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 500  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	JULIA HENRY-WILSON - PRESIDENT	Name and Title:	_____
Address	11520 BRIDGES RD JACKSONVILLE, FL 32218 _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

FALL HASSETT FLORIDA  
REC'D TARY D. SMITH  
2PM SEP 28 AM 9 49

• 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: JULIA HENRY-WILSON  
Address: 11520 BRIDGES RD  
JACKSONVILLE, FL 32218

**ARTICLE VII INCORPORATOR**

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

Name: JULIA HENRY-WILSON  
Address: 11520 BRIDGES RD  
JACKSONVILLE, FL 32218

**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*

Julia Henry-Wilson 9-10-18  
Required Signature/Registered Agent 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.*

Julia Henry-Wilson 9-10-18  
Required Signature/Incorporator Date

***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)*

*September 10, 2018*

**RE: P16000095179  
JULIA HENRY WILSON INC  
Attn: Julia Henry-Wilson  
11520 Bridges Rd  
Jacksonville, FL 32218**

To Whom This May Concern,

The above referenced individual Ms. Julia Henry-Wilson 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



Julia Henry-Wilson - President