

P19000023130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

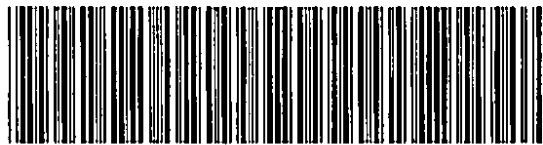
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2019 MAR 11 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

JILLIAN GRACE JAMISON P.A.

SUBJECT: _____
(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

JILLIAN G JAMISON
FROM: _____
Name (Printed or typed)

14795 CARAVAN AVE

Address

ODESSA, FL 33556

City, State & Zip

727-804-7622

Daytime Telephone number

JILLIANJAMISON.REALTOR@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

JILLIAN GRACE JAMISON P.A.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14795 CARAVAN AVE

ODESSA, FL, 33556

ARTICLE III PURPOSE

REALTOR BUSINESS

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JILLIAN JAMISON, PRESIDENT

Name and Title: _____

Address 14795 CARAVAN AVE

Address: _____

ODESSA, FL, 33556

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: JILLIAN JAMISON
Address: 14795 CARAVAN AVE
ODESSA, FL, 33556

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ARTICLE VII INCORPORATOR

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

Name: JILLIAN JAMISON
Address: 14795 CARAVAN AVE
ODESSA, FL, 33556

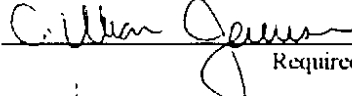
ARTICLE VIII EFFECTIVE DATE:

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

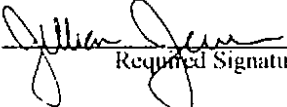


Required Signature/Registered Agent

3/7/19

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.



Required Signature/Incorporator

3/7/19

Date