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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

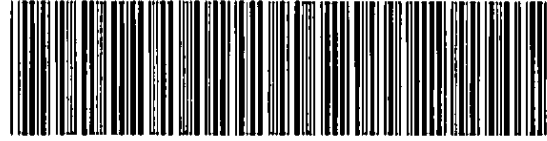
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION
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AUG 12 2019

COVER LETTER

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

SUBJECT: William B Jones, Jnc

(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: William B Jones, Jr

Name (Printed or typed)

PO Box 95

Address

Morrison, FL 32668

City, State & Zip

352-792+5085

Daytime Telephone number

CARL BREDDICK @ EMBARR MAIL.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

The name of the corporation shall be: William B Jones, Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>2750 SE 199th Terrace</u> <u>Morriston, FL 32668</u>	Mailing address, if different is: <u>PO Box 95</u> <u>Morriston, FL 32668</u>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
Any and all lawful business allowed in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>William B Jones, Jr</u> Address: <u>President</u>	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____

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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: William B Jones, Jr
 Address: 2750 SE 199th Terrace
Morrison, FL 32668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William B Jones, Jr
 Address: 2750 SE 199th Terrace
Morrison, FL 32668

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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

William B Jones
 Required Signature/Registered Agent

8-19-19
 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.

William B Jones
 Required Signature/Incorporator

8-9-19
 Date