

P19000074237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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OCT 03 2019



000334685960

10/03/19--01004--025 **70.00

FILED
2019 OCT -3 PM 12:45
CLERK OF SUPERIOR COURT
JULIA PASSETT

Name Release

I am the owner of D & J FL Tile Inc.
document number P17000060070. I
have no intention of reinstating the
name, Please proceed with the
current filing.

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2011 OCT -3 PM 12:45

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
MIAMI, FLORIDA

James Henderson

COVER LETTER

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

SUBJECT: D + J Fl Tile 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: James R Henderson
Name (Printed or typed)

346 KOA rd
Address

Monticello FL 32344
City, State & Zip

352 578-0331
Daytime Telephone number

danabacher53@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

The name of the corporation shall be: D+J FL Tile INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

346 KOA RD
monticello
FL 32344

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES HENDERSON Name and Title: CEO

Address: 346 KOA RD Address: _____
MONTICELLO FL
32344

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: JAMES HENDERSON
Address: 346 KOA RD
MONTICELLO FL 32344

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2020 OCT - 3 PM 12:45
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Henderson
Address: 346 KOA RD
MONTICELLO FL 32344

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

James Henderson
Required Signature/Registered Agent

10-3-19
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.

James Henderson
Required Signature/Incorporator

10-3-19
Date