

P19000085883

(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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19 NOV 18 7:14:42

2019 NOV 18 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

NOV 19 2019

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 11/19/2019

**xx** CERTIFIED COPY \_\_\_\_\_  
☐ PHOTOCOPY \_\_\_\_\_  
**xx** CUS GOOD STANDING  
☒ FILING Articles

1. P AND C OWENS INC.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

P and C Owens Inc.

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**

FROM: \_\_\_\_\_  
Name (Printed or typed)  
  
1701 Directors Blvd Ste 300  
\_\_\_\_\_  
Address  
  
Austin, TX 78744  
\_\_\_\_\_  
City, State & Zip  
  
888-705-7274  
\_\_\_\_\_  
Daytime Telephone number  
  
patrick8w4@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: P and C Owens Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
342 Tuckahoe Rd  
Jackson TN 38305

Mailing address, if different is:  
342 Tuckahoe Rd  
Jackson TN 38305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all legal purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

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

Name and Title: Colleen V. Owens President

Address: 342 Tuckahoe Rd  
Jackson TN 38305

Name and Title: Patrick Owens, Secretary

Address: 342 Tuckahoe Rd  
Jackson TN 38305

Name and Title: Colleen V. Owens, Director

Address: 342 Tuckahoe Rd  
Jackson TN 38305

Name and Title: Patrick Owens, Director

Address: 342 Tuckahoe Rd  
Jackson TN 38305

Name and Title: Patrick Owens, Treasurer

Address: 342 Tuckahoe Rd  
Jackson TN 38305

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

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

FILED  
2019 NOV 18 PM 2:02  
SEC. STATE  
TALLAHASSEE, FL 32309

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: Registered Agent Solutions, Inc.  
Address: 155 Office Plaza Dr. Suite A  
Tallahassee FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Laura Moyer  
Address: 1180 Welsh Rd, Suite 280  
North Wales PA 19454

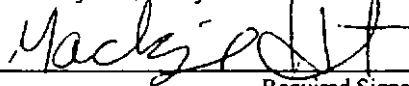
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

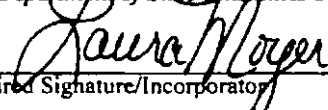
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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:*

 Mackenzie Hart, 11/19/2019  
Assistant Secretary  
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.*

 11/19/2019  
Required Signature/Incorporator Date