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Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
 Account Number : I20000000168
 Phone : (727) 322-0909
 Fax Number : (727) 322-0520

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DAVIDCPA@TAMPABAY.RR.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
 JAQUELIN COONS, PA**

Certificate of Status	1
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See 3/11

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: JAQUELIN COONS, PAARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

560 54TH ST SSAMEST PETERSBURG, FL 33707ARTICLE III PURPOSEThe purpose for which the corporation is organized is: TO ACT AS A LICENSED REAL ESTATEAGENT IN THE STATE OF FLORIDAARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: JAQUELIN COON PST Name and Title: _____Address: 560 54TH ST S Address: _____ST PETERSBURG, FL 33707

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID C HASTINGS, CPA
 Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: DAVID C HASTINGS, CPA
 Address: 2207 54TH ST S
GULFPORT, FL 33707

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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*

DC Hastings 3/10/20
 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.

DC Hastings 3/10/20
 Required Signature/Incorporator Date