

P200058916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

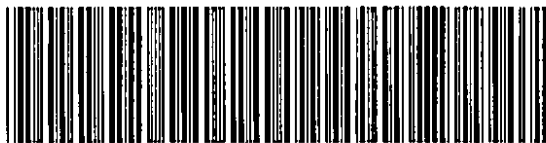
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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05/23/20--01004--027 **87.50

2020 AUG -4 PM 4: 55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

AUG 5 2020

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

SUBJECT: Jackson Funeral Home Corporation
(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: Andrue Jackson
Name (Printed or typed)

1523 NW 4th Ave
Address

Pompano Beach, Florida 33060
City, State & Zip

954-245-8780
Daytime Telephone number

JacksonFuneralHome2020@outlook.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2020

ANDRUE JACKSON
1523 NW 4TH AVE
POMPANO BEACH, FL 33060

SUBJECT: JACKSON FUNERAL HOME
Ref. Number: W20000069707

We have received your document for JACKSON FUNERAL HOME and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 320A00013203

RECEIVED
2020 AUG -4 AM 8:44
DIVISION OF CORPORATIONS
REGULATORY SPECIALIST
NEW FILINGS SECTION

ARTICLE I NAME

The name of the corporation shall be: Jackson Funeral Home Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

317 North Dixie Hwy
Pompano Beach Florida 33060

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provides "Death Care"
Prepares, Sanitize, Embalm, get to deposition, Whether
burial or Cremation of human remains.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrue Jackson Name and Title: President

Address 1523 NW 4th Ave Address: _____
Pompano Beach, Florida
33060

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Address

Address:

ARTICLE VI. REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Andrew Jackson

Address:

1523 NW 4th Ave

Pompano Beach, FL 33060

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name:

Andrew Jackson

Address:

1523 NW 4th Ave

Pompano Beach, FL 33060

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TALLAHASSEE, FL

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ARTICLE VIII. EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/10/2020 (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

Andrew N. Jackson

Required Signature/Registered Agent

06/11/2020

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.

Andrew N. Jackson

Required Signature/Incorporator

Date

06/11/2020