

P21000031521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

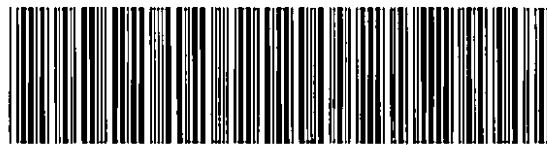
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/21--01031--001 **78.75

21 APR -9 PM 11:04

2021 APR -9 PM 12:33

COVER LETTER

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

SUBJECT: J To the B Painting 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: James Brown
Name (Printed or typed)

9 Wisteria dr.
Address

Crawfordville FL 32327
City, State & Zip

850-408-8263
Daytime Telephone number

onemann007@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: J to the B Painting inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9 Wisteria dr.
Crawfordville FL 32327

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Painting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

James Brown P

Name and Title:

Address

9 Wisteria dr.
Crawfordville FL 32327

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 APR -9 PM 12:33
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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 Brown
Address: 9 Wisteria Dr.
Crawfordville FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Brown
Address: 9 Wisteria Dr.
Crawfordville FL 32327

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 O. Brown
Required Signature/Registered Agent

4-9-21
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 O. Brown
Required Signature/Incorporator

4-9-21
Date