

P21000070361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

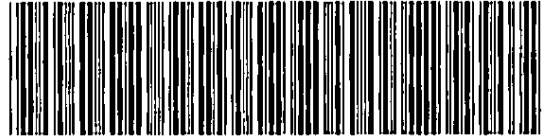
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900370841359

8/4/2
[Signature]

FILED
2010-2-10 15:24

COVER LETTER

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

SUBJECT: TRUE Course, 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: CLAYTON A. JACKSON
Name (Printed or typed)

7909 NW 150th ave
Address

Morrison FL 32668
City, State & Zip

415-377-3329
Daytime Telephone number

TRUECOURSE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

FILED
JAN 12 2006
TALLAHASSEE, FL
CLERK OF THE COURT

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

The name of the corporation shall be: TRUE COURSE, INC

Mailing address, if different is:

Morrison, FL. 32668

The purpose for which the corporation is organized is: to conduct hardware business activity.

The number of shares of stock is: 100

Name and Title: CLAYTON A. JACKSON, Pres. Name and Title: _____

Morrison FL 32662

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

[Handwritten scribbles]

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: CLAYTON A. JACKSON

Address: 7909 NW 150th Ave
Morrisdam FL 32668

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CLAYTON A. JACKSON

Address: 7909 NW 150th Ave
Morrisdam, FL 32668

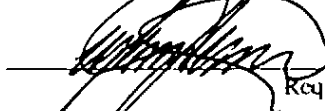
ARTICLE VIII EFFECTIVE DATE:

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 joining with and accept the appointment as registered agent and agree to act in this capacity

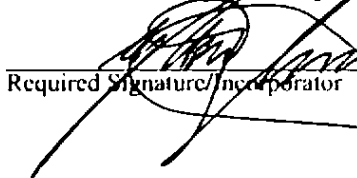


Required Signature/Registered Agent

7-29-21

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.



Required Signature/Incorporator

7-29-21

Date

7-29-21 15:00
2021 JUL 29 15:00
CLAYTON A. JACKSON
7-29-21

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: TRUE COURSE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7909 NW 150th Ave

Morrisdon, FL 32668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct lawful business activity.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAYTON A JACKSON, Pres. Name and Title: _____

Address 7909 NW 150th Ave Address: _____

Morrisdon, FL 32668

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
JAN 11 2011
CLERK OF DISTRICT COURT
JAN 11 2011

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: CLAYTON A. JACKSON
Address: 7909 NW 150TH AVE
MORRISTON FL 32668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLAYTON A. JACKSON
Address: 7909 NW 150TH AVE
MORRISTON, FL 32668

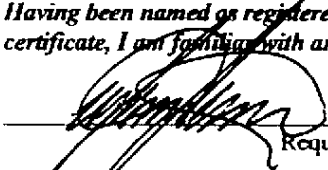
ARTICLE VIII EFFECTIVE DATE:

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

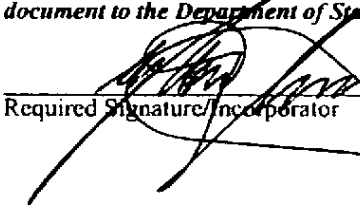
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____ 7-29-21
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.

 _____ 7-29-21
Required Signature/Incorporator Date

7-29-21
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100