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(Paguastada Nama)			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Sasiness Ends, Name,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L			

Office Use Only



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S. CHATHAM
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2023 FEB 23 PH 4: 20

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: C)2/23/2023	
	Merritt Walker	<u></u>
Reference #:_	1914107	
Entity Name:_	JUNK OF	ALL TRADES INC
	of Incorporation/Authorizati	
☐ Amend	ment	
☐ Change	e of Agent	
Reinsta	atement	
☐ Conver	sion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	us Name	
✓ Other_	CERTIFIED C	OPY OF THE FILING EVIDENCE
Authorized Am	nount: \$78.75	
Signature:	mw	

COVER LETTER

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

SUBJECT:	(BDODOCED CORROR	ATE NAME – <u>MUST INCL</u>	line cheriy
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	ODE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Ja	cob Stone	
FROM:	Name (Printed or typed)		
	1903 Muncie Ave		
	Address		
	Jacksonville, Florida, 32210		
	City, State & Zip		
	(208	3) 352-2837	

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

Daytime Telephone number

stoneproperties537@gmail.com

E-mail address: (to be used for future annual report notification)

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

The name of the corporation	shall be:	Junk of All Trades Inc		
ARTICLE II PRINCIPA			ress, if different is:	
ARTICLE III PURPOSE The purpose for which the c	orporation is organized is:	Operate a service business removing junk from and businesses		
ARTICLE IV SHARES The number of shares of stoc	k is:1,000,000		2029 FEB 23 PM 1: 05 SEUCHLAND SEES, FI	
ARTICLE V INITIAL O Name and Title: Address	<i>DFFICERS AND/OR DIRECTOR</i> Jacob Stone/ Presiden 1903 Muncie Ave			
	Jacksonville FI 32210			
		Name and Title: Address:		

Name and	Title:	Name and Title:
Address		_ Address:
		
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	COGENCY GLOBAL INC.	
Address:	115 North Calhoun Street, Suite 4	- 207 S:
	Tallahassee, FL 32301	- 3FE
•		EB 23 PH 1: 05
ARTICLE VII IN	<u>SCORPORATOR</u>	ASS P
The <u>name and add</u>	ress of the Incorporator is:	mo ÷
Name:	Jacob Stone	
Address:	1903 Muncie Ave	
	Jacksonville FI 32210	_
	WINGSTAN D. TV	
Effective date, if ot	FFECTIVE DATE: her than the date of filing:	. (OPTIONAL)
(If an effective dat filing.)	e is listed, the date must be specific and canno	ot be more than five days prior or 90 days after the
	serted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements, this date will not be listed a
	d as registered agent to accept service of process familiar with and accept the appointment as reg	s for the above stated corporation at the place designated gistered agent and agree to act in this capacity
_ Merritt	Walker Required Signature/Registered Agent	2/23/2023
	Required Signature/Registered Agent	Date
I submit this docum		true. I am aware that the false information submitted in my as provided for in s.817.155, F.S.
	1 mo	02/23/23
Require	d Signature/Incorporator	Date