P24000016088

(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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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Discount Fencing N.W. Florida 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: Mary A. Jackson
Name (Printed or typed)

17924 April Ave
Address

Fountain Fla. 32438
City, State & Zip

850. 624- 1109
Daytime Telephone number

Angel Jackson 1080@yahoo.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: Discount Fencing N.W. Florida Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
17924 April Ave
Fountain Fla. 32438

Mailing address, if different is:
6603 Enzor St
Panama City Fla. 32404

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Installing Fence

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary A. Jackson
Address 6603 Enzor St
Panama City Fla.
32404

Name and Title: president
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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: Mary A. Jackson

Address: 16603 Enzor St

Panama City Fla. 32404

ARTICLE VII INCORPORATOR

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

Name: Mary A Jackson

Address: 17924 April Ave

Fountain Fla. 32438

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3-5-24 . (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

Mary A Jackson
Required Signature/Registered Agent

3-5-24
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.

Mary A Jackson
Required Signature/Incorporator

Date 3-5-24

2024 -

2:5-