

P240000035983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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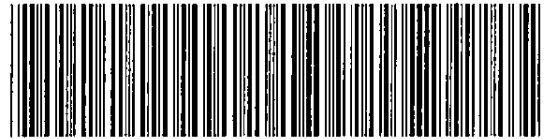
(Business Entity Name)

(Document Number)

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JACKSONVILLE, FL

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NS

## COVER LETTER

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

SUBJECT: Reginald Pace 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: Reginald Pace J.R.  
Name (Printed or typed)

205 Sam Smith circle  
Address

Crawfordville Florida 32327  
City, State & Zip

850-666-9052  
Daytime Telephone number

Reggiempace25@gmail.com  
E-mail address: (to be used for future annual report notification)

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

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: Reginald Pace inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 205 Sam Smith circle  
Crawfordvil Florida 32327  
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction Building and Screening

ARTICLE IV SHARES

The number of shares of stock is: 170

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reginald Mack President  
Address: Pace DR  
205 Sam Smith circle Crawfordvil FL 32327

Name and Title: Christopher Vice President  
Address: Michael Nichols  
16 JK Moore Rd Crawfordvil FL 32327

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FL  
STATE

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: \_\_\_\_\_

Address: \_\_\_\_\_

Reginald Pace JR  
205 Sam Smith circle  
Crawfordville FL 32327

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Reginald Mack Pace JR  
205 Sam Smith circle  
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.*

Reginald Pace JR

Required Signature/Registered Agent

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TALLAHASSEE  
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.*

Reginald Pace JR

Required Signature/Incorporator

Date

5-30-24