## P0600151435

(Re	questor's Name)	
(Ad	dress)	1
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	* 1,1,1
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		:





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J. Shivers DEC 08 2006

## COVER LETTER

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

SUBJECT: Jacksonville	48		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	<del></del>
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00 <b>[x</b> ]\$78.75	\$78.75	<b>\$87.50</b>	
Filing Fee Filing Fee	Filing Fee	Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy	
		& Certificate of : Status	
	ADDITIONAL CO		
_			
FROM: Willie J. 6	ringall		
Name	(Printed or typed)		90 30
7/17 8 67	cota bo	A	F11 06 DEC -8
7478 57	(a to R) Address	<u> </u>	0-8 FI
	Addiess		8 1
JACK SONVINE / City	F1 32210		畫目
City	State & Zip	O STATE	AM II: 44
904-778-	2 2 42	D <sub>A</sub>	·
	Celephone number		

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME			
The name of the corporation shall be:			
JACKSON: 11e 48, INC.			
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is:			
11050 HAVES RD UNIT 401, JACKSONVILLE, Fl 32218			
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:			
Telemarketing Call Center			
ARTICLE IV SHARES			
The number of shares of stock is: / O	1		
	TAL SE	90	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	L N N	06 DEC -8	
List name(s), address(es) and specific title(s):	NS N		17
Willie Grimball, President		ထ	
11050 HArts RD			
UNIT 401	10.1 11.S	=	
JACKSONVILLE FI 32218	RY OF STATE SEE, FLURIDA	11	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is			
Willie Grimpall			
11050 HArts RD, Unit 401, JACKSONVIlle, F1 32218			
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Willie GrimBall			
11050 HARTS RD			
UNIT 401 TACKSONVILL FI 32218 ***********************************	*****	****	***
Having been named as registered agent to accept service of process for the above stated corporation at the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		gnated	in this
Willia Dubill 12/4	106		
Signature/Registered Agent Da	te		
Willin Dinkell 12/4	106		
Signature/Incorporator Da	ite		