

P13000001979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

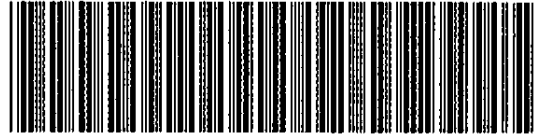
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000242253930

01/04/13--01021--006 \*\*87.50

Ps 1/7/13

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN -4 PM 2:39

**COVER LETTER**

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

**SUBJECT:** TORY JONES 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** TORY JONES  
Name (Printed or typed)  
1071NW 125TH DRIVE  
Address  
NEWBERRY, FLORIDA 32669-2719  
City, State & Zip  
(917)847-3614  
Daytime Telephone number  
TORYJONES@ICLOUD.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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **TORY JONES INC.**

13 JAN -4 PM 2:39

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1071 NW 125TH DRIVE  
NEWBERRY, FLORIDA 32669-2719

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Art and design services for television and film production.

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TORY JONES	Name and Title: _____
Address: 1071 NW 125TH DRIVE	Address: _____
NEWBERRY, FLORIDA 32669-2719	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	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: MEG S. JONES  
Address: 1071 NW 125TH DRIVE  
NEWBERRY, FLORIDA 32669-2791

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TORY JONES  
Address: 1071 NW 125TH DRIVE  
NEWBERRY, FLORIDA 32669-2791

*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*



Required Signature/Registered Agent

JANUARY 2, 2013  
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

JANUARY 2, 2013  
Date