

NO80000006881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

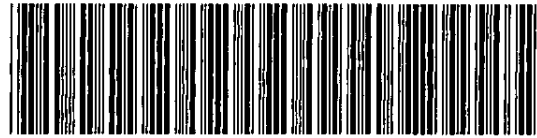
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

25  
7/22

## COVER LETTER

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

SUBJECT: Aoni marke Productions Incorporated  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Nichole Jackson  
Name (Printed or typed)

3115 Wandering Oaks dr  
Address

Orang park FL 32065  
City, State & Zip

904-619-0911  
Daytime Telephone number

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

7/9/2008

To: Division of Corporations

I Nichole Jackson am dissolving AoniMarke Productions as a Profit Organization. I will not be reopening this Corporation as a profit organization.

I have enclosed Articles of Incorporation for AoniMarke Productions as a Non- Profit Organization. I have enclosed the fee for Non Profit Organization.

I have enclosed a check for the dissolution of the profit corporation. I would like to keep the same name under the non profit organization.

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*Aonimarke Productions Incorporated*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*3115 Wandering Oaks drive  
Orange Park FL 32065*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To Encourage youth and young adults. Company provides  
Motivational books, plays, speaking engagements. Inspirational empowerment  
Seminars.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*All will be appointed by Nichole Jackson*

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

List name(s), address(es) and specific title(s):

*Nichole Jackson - Founder and Chief Executive Officer  
3115 Wandering Oaks drive  
Orange Park FL 32065*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Nichole Jackson  
3115 Wandering Oaks drive, Orange Park FL 32065*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Nichole Jackson  
3115 Wandering Oaks drive  
Orange Park FL 32065*

\*\*\*\*\*  
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.

*Nichole Jackson*  
\_\_\_\_\_  
Signature/Registered Agent

*6/9/08*  
\_\_\_\_\_  
Date

*Nichole Jackson*  
\_\_\_\_\_  
Signature/Incorporator

*6/9/08*  
\_\_\_\_\_  
Date

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