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

FILED
OTAPRIT
TALLAHASSEE. FLORIN

SURJECT:	James Jones P.A.		· · ·					
	(Proposed corpor	(Proposed corporate name - must include suffix)						
		40	000401293 -04/17/010105 *****87.50 **	344 0004 ***87.50				
Enclosed is an	original and one(1) copy of the article	s of incorporation and a	check for:					
☐ \$70 Filing	Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Signature \$2.50 \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED					
FI	ROM: James Jones Name (Pr	rinted or typed)		**				
	10700 Mystic Circle A	ApT # 202 Address						
	Orlando,F1. 32836 City,	State & Zip		1. <u>-</u> -1. <u>-</u> -1.				
	(407) 933-7779 Daytime T	elephone number		· -				

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

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

ARTICLE I NAME

The name of the corporation shall be:

James Jones P.A.

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TALLAHASSEE, FLORIE

ARTICLE !I PRINCIPAL OFFICE

The principal place of business/mailing address is:

10700 Mystic Circle Avt #202 Orlando, Fl. 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

James Jones 10700 Mystic Circle AP4#262 Orlando,F1. 32836

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

James Jones 10700 Mystic Circle APX 202 Orlando, F1. 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Jones 10700 Mystic Circle AP+# 202 Orlando,F1. 32836

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Doca

Signature/Incorporator