

PO40000032873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

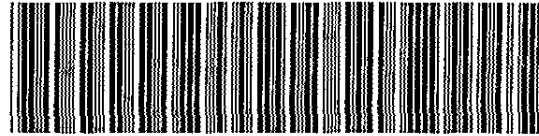
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/17/03--01060--013 **87.50

FILED
04 FEB 19 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Point of Contact Management + Investment Group, 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert Jenkins III
Name (Printed or typed)

1612 NW 6th Ave.
Address

ft. Lauderdale, FL 33311
City, State & Zip

954.588.2757
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 22, 2003

POINT OF CONTACT INC.
2741 NE 8TH AVE #13
WILTON MANOR, FL 33334

SUBJECT: POINT OF CONTACT INC.
Ref. Number: W03000027077

We have received your document for POINT OF CONTACT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 603A00052159

2.09.04


Attention Cynthia Ballock,

My name is Robert Jenkins III. As per our phone conversation I am sending out the information you required. The old name of the incorporation I was trying to do was Point of Contact Investments, Inc., 2741 NE 8th Ave, Suite 13, Ft. Lauderdale, Fl 33334. A letter of denial was sent by your office, however I never received it. It may have gotten lost in the mail.

In any event, here are the new changes I would like to make as you informed me that my payment has already been received.

Point of Contact Management & Investments, Inc. ^{Group}
1612 NE 6th Ave,
Ft. Lauderdale, Fl. 33311

Thank you for your time and patience. I can be reached at 954. 588. 2757 for any questions.


Robert Jenkins III

RECEIVED
04 FEB 17 AM 11:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Point of Contact Management + Investment Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1612 NW 6th Ave
Ft. Lauderdale, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Investing

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Jenkins III
Gregory E. Bryant

ARTICLE VI REGISTERED AGENT

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

Robert Jenkins III
1612 NW 6th Ave
Ft. Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Jenkins III
1612 NW 6th Ave
Ft. Lauderdale, FL 33311

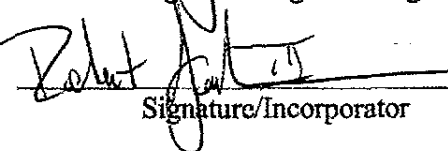
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2.13.04

Date



Signature/Incorporator

2.13.04

Date

FILED
04 FEB 19 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA