

P04000060447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

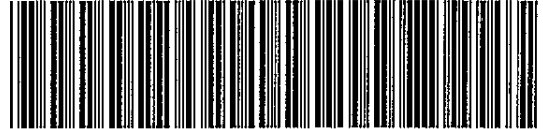
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LAW OFFICES OF BILLY I. JACKSON, P.A.

(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: BILLY I. JACKSON
Name (Printed or typed)

313 RAVEN ROCK LANE

Address

LONGWOOD, FL 32750

City, State & Zip

407-252-7734

Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be:

LAW OFFICES OF BILLY I. JACKSON, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 2947, ORLANDO, FL 32802-2947

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE LEGAL SERVICES, INCLUDING CRIMINAL AND IMMIGRATION LAW

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

N/A

ARTICLE VI REGISTERED AGENT

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

BILLY I. JACKSON
313 RAVEN ROCK LANE
LONGWOOD, FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BILLY I. JACKSON
P.O. BOX 2947
ORLANDO, FL 32802-2947

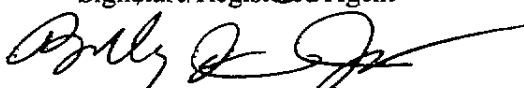
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



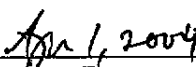
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA