

PO4000099074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

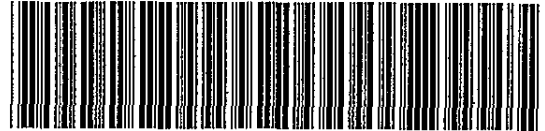
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/22/04--01025--002 **70.00

06/22/04

04 JUN 30 PM 5:04

FILED

TRANSMITTAL LETTER

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

SUBJECT: MJ HOWICK, INCORPORATED
(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: MICHAEL JOSEPH HOWICK, SR
Name (Printed or typed)

240 CLOVER CT
Address

JACKSONVILLE FL 32269
City, State & Zip

904-886-3399
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 22, 2004

MICHAEL JOSEPH HOWICK, SR.
240 CLOVER CT
JACKSONVILLE, FL 32259

SUBJECT: MJ HOWICK, INCORPORATED
Ref. Number: W04000024046

We have received your document for MJ HOWICK, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 704A00041299

ARTICLES OF INCORPORATION

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

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04 JUN 30 PM 5:04
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **MJ HOWICK, INCORPORATED**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: **240 CLOVER CT.
JACKSONVILLE, FL 32259**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO BUY, RENT AND SELL
REAL ESTATE**

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**MICHAEL JOSEPH HOWICK, SR.
240 CLOVER COURT
JACKSONVILLE, FL 32259
PRESIDENT**

**MELISSA DOLAN HOWICK
240 CLOVER COURT
JACKSONVILLE, FL 32259
VICE PRESIDENT**

ARTICLE VI REGISTERED AGENT

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

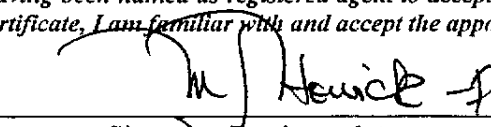
**MICHAEL JOSEPH HOWICK, SR
240 CLOVER COURT
JACKSONVILLE, FL 32259**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**MICHAEL JOSEPH HOWICK, SR
240 CLOVER CT
JACKSONVILLE, FL 32259**

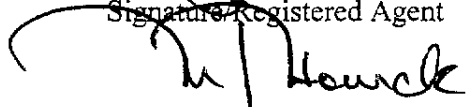
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature Registered Agent

6.21.04

Date



Signature Incorporator

6.27.04

Date