

P04000101243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

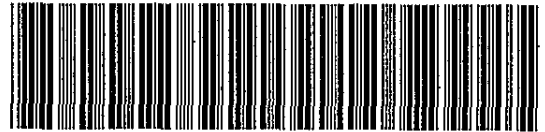
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Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

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

SUBJECT: ROXANNE CHO, 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: (C/O) OMNI SOLUTIONS & ACCOUNTING, LLC

Name (Printed or typed)

3100 UNIVERSITY BLVD S, STE 102

Address

JACKSONVILLE, FL 32216

City, State & Zip

(904) 723-6033

Daytime Telephone number

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**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:

ROXANNE CHO, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3100 UNIVERSITY BLVD S, STE 102  
JACKSONVILLE, FL 32216

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NEW BUSINESS - REAL ESTATE

**ARTICLE IV SHARES**

The number of shares of stock is:

400,000

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

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

ROXANNE CHO  
859 BUCKS HARBOR DR W  
JACKSONVILLE, FL 32225  
PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

ROXANNE CHO  
859 BUCKS HARBOR DR W  
JACKSONVILLE, FL 32225

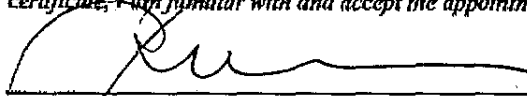
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROXANNE CHO  
859 BUCKS HARBOR DR W  
JACKSONVILLE, FL 32225

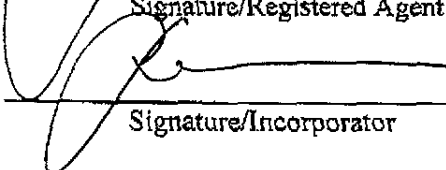
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

05/27/04

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

05/27/04

\_\_\_\_\_  
Date

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DIVISION OF CORPORATE RECORDS  
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