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TRANSMITTAL LETTER

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

SUBJECT:	Jarmon Pho	otography, IN	C	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	**2578.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Darryl Jarme) n (Printed or typed)		
4130 LOUVINIA DR				
-	Tallahassee, F	LORIDA 32311 State & Zip		
-	850 - 878 - 1 Daytime Te	316 elephone 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:

Jarmon Photography, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4130 Louvinia

Tallahassee, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:



ARTICLE IV SHARES

The number of shares of stock is:

1 Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Darry L Jarmon 4130 LOUVINIA

Tallahassee, FL 32311

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Darryl Jarmon

4130 LOUVINIA

Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Darry L. Jarmon

4130 LOUVINIA

Tallahassee, FL 32311

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

Darry Jarmon March 16, 200:
Signature/Registered Agent Date

Lamon March 16, 200

mature/Incorporator Date

CS MAR 16 PH 2: 49