

PD5000051112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

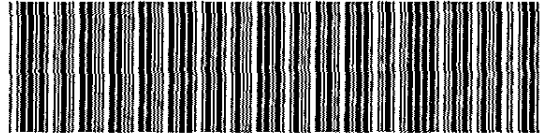
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100048808441

04/01/05--01028--006 \*\*78.75

05 APR -1 PM 1:06  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

FILED

4/6/05  
BWLK

**TRANSMITTAL LETTER**

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

SUBJECT: JUANITA POWELL, 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: JUANITA POWELL, ESQUIRE  
Name (Printed or typed)

255 N. LIBERTY STREET, SUITE A  
Address

JACKSONVILLE, FL 32202  
City, State & Zip

904-354-0104  
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)

**FILED**

05 APR -1 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

JUANITA POWELL, P.A.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

255 N. LIBERTY STRETT, SUITE A  
JACKSONVILLE, FL 32202

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PRACTICE OF LAW

**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):

JUANITA POWELL, ESQUIRE - PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

JUANITA POWELL, ATTORNEY AT LAW  
255 N. LIBERTY STREET, SUITE A  
JACKSONVILLE, FL 32202

**ARTICLE VII INCORPORATOR**

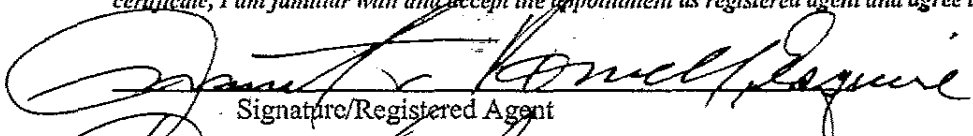
The name and address of the Incorporator is:

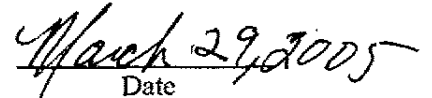
255 N. LIBERTY STREET, SUITE A  
JACKSONVILLE, FL 32202

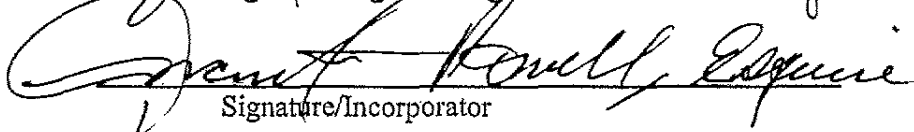
JUANITA POWELL, ATTORNEY AT LAW

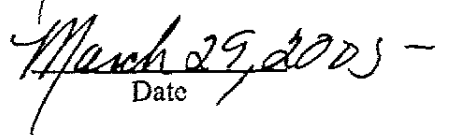
\*\*\*\*\*

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