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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 APR -7 P 3:04

FILED

TRANSMITTAL LETTER

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

SUBJECT: Florida - Georgia Public Relations & Marketing Corporation
(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: Clara McLaughlin Criswell
Name (Printed or typed)

P. O. Box 40629
Address

Jacksonville, Florida 32203
City, State & Zip

904-766-8834
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: *Florida-Georgia Public Relations & Marketing Corporation*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *P.O. Box 40629
2049 N. Pearl St.
Jacksonville, Florida 32206*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Any and all lawful business*

ARTICLE IV SHARES

The number of shares of stock is: *1,000*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- ① *Clara McLaughlin Criswell, P.O. Box 40629 Jacksonville, FL 32203, President*
- ② *Ronald Williams, Sr., 1616 Steele Street, Jacksonville, FL 32209, Vice President*

ARTICLE VI REGISTERED AGENT

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

*Clara McLaughlin Criswell
2049 N. Pearl St.
Jacksonville, Florida 32206*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Clara McLaughlin Criswell
P.O. Box 40629
Jacksonville, FL 32203*

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

Clara Criswell

Signature/Registered Agent

4/5/05

Date

Clara Criswell

Signature/Incorporator

4/5/05

Date

FILED
2005 APR -1 P 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA