

P05000059047

(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

D. WHITE APR 22 2005



700049169727

04/22/05--01014--001 **137.50

STATE
TALLAHASSEE, FLORIDA

2005 APR 22 A 9:06

FILED

April 6, 2005

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

RECEIVED
05 APR 11 AM 8:18
FLORIDA STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA


SUBJECT: K Jax, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for the following Fees:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	78.75
Certificate of Status	<u>8.75</u>
	\$137.50

FROM: Kyle W. Jackson
2810 Whisper Oaks Dr.
Gulf Breeze, Florida 32563

Daytime Phone Number: 850-565-0168



Kyle W. Jackson
President

Encls: (as stated)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 18, 2005

KYLE W. JACKSON
2810 WHISPER OAKS DR
GULF BREEZE, FL 32563

SUBJECT: K JAX, INC.
Ref. Number: W05000019535

*Spoke on
tele 4/19/05
9:22 AM*

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

We have received your document for K JAX, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 605A00026374

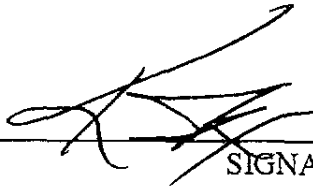
CERTIFICATE OF DOMESTICATION **FILED**

2005 APR 22 A 9:06

The undersigned: **Kyle W. Jackson, President, of K Jax, Inc.** a foreign corporation, in accordance with s. 607.1801, Florida Statutes, does hereby certify: **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. The date on which corporation was first formed was: **June 1, 1998.**
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was: **Oklahoma.**
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was: **K Jax, Inc.**
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is: **K Jax, Inc. .**
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was: **Oklahoma.**
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am **President**, of **K Jax, Inc.** and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 6th day of April, 2005.



SIGNATURE

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

2005 APR 22 A 9:06

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

K Jax, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: **2810 Whisper Oaks Dr.
Gulf Breeze, FL 32563**

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: **ANY AND ALL
LAWFUL BUSINESS**

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

7,500

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

PRESIDENT AND DIRECTOR

Kyle Jackson

2810 Whisper Oaks Dr.

Gulf Breeze, FL 32563

ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

Kyle Jackson

2810 Whisper Oaks Dr.

Gulf Breeze, FL 32563

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS: **Kyle Jackson**

2810 Whisper Oaks Dr.

Gulf Breeze, FL 32563

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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

Signature / Incorporator

Date

Date