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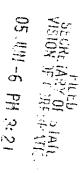
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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Teumous TAN O.S. SODZ

TRANSMITTAL LETTER

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

BJECT: JaxPCs	(PROPOSED CORPORA	VTE NAME – <u>MUST INC</u> E	
losed are an orig \$70.00 Filing Fee	ginal and one (1) copy of the art 78.75 Filing Fee Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: J. I	Bryan Scott Name	e (Printed or typed)	
	249 Linkside Circle	Address	
	Ponte Vedra Beach, FL 32082 City	, State & Zip	
	904-716-2318		

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

Daytime Telephone number

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:

JaxPCs, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

249 Linkside Circle

Ponte Vedra Beach, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of JaxPCs, Inc. will be to provide computer and internet-related consultation and entrepreneurship to corporate and personal clients. These include the following: computer training, computer repairs, computer upgrades, custom-built computers, network installation, resale of software, web site development, and internet marketing.

ARTICLE IV SHARES

The number of shares of stock is:

1000 (One-thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

J. Bryan Scott

President

249 Linkside Circle

Ponte Vedra Beach, FL 32082

ARTICLE VI REGISTERED AGENT

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

J. Bryan Scott

249 Linkside Circle

Ponte Vedra Beach, FL 32082

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

J. Bryan Scott

249 Linkside Circle

Ponte Vedra Beach, FL 32082

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

1 B

Signature/Registered Agent

Signature/Incorporator

Date/

Date

05 JUN - 8 PM 9. 7