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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-3-05

COVER LETTER

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

SUBJECT: Imani Boykin, 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: Imani A. Boykin, Esq.
Name (Printed or typed)

1814 Willesdon Drive East
Address

Jacksonville, FL 32246-0692
City, State & Zip

(904) 386-4392
Daytime Telephone number

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

$70.00 Filing Fee & Certificate of Status	$78.75 Filing Fee & Certified Copy	$78.75 Filing Fee, Certified Copy & Certificate of Status	$87.50 Filing Fee, Certified Copy

ADDITIONAL COPY REQUIRED

FROM: IMANI A. BOYKIN, ESQ.
Name (Printed or typed)

1814 WILLESDON DRIVE EAST
Address

JACKSONVILLE, FL 32246-0692
City, State & Zip

(904) 386-4392
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **IMANI BOYKIN, P.A.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: **P.O. BOX 54486, JACKSONVILLE, FL 32245-4486**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PROVIDE LEGAL SERVICES**

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):

IMANI A. BOYKIN, ESQUIRE
PO BOX 54486
JACKSONVILLE, FL 32245-4486

ARTICLE VI REGISTERED AGENT

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

JUANITA POWELL, P.A.
255 LIBERTY STREET, SUITE A
JACKSONVILLE, FL 32202

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

IMANI A. BOYKIN, ESQ.
P.O. BOX 54486
JACKSONVILLE, FL 32245-4486

****

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 10/28/05

Signature/Incorporator, Esq. 10/28/05 Date