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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-3-05
2005

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

ADDITIONAL COPY REQUIRED

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

1814 WILLEDSON 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/mailling 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:

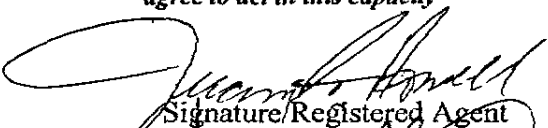
**JUANITA POWELL, P.A.
255 LIBERTY STREET, SUITE A
JACKSONVILLE, FL 32202**

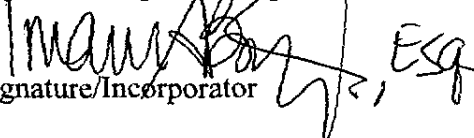
ARTICLE VII INCORPORATOR

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


Signature/Incorporator

Date

10/28/05

10/28/05 Date