Pouma3161

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





700065662477

02/13/06--01040--013 **78.75

2006 FEB 13 PM 4: 08

Falielde

TRANSMITTAL LETTER

FILED

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

\$70.00

2006 FEB 13 PM 4: 08

\$87.50

SLUND IARY OF STATE TALLAHASSEE FLORIDA

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

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	Joey Robinson	△ le (Printed or typed)	
	1389 Ellis 7	Trace Dr. W.	
	Jacksonville f	Jorida 3220 y, State & Zip	5
-	904- 43 4 Daytime	'-0706 Telephone number	·

\$78.75

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	
The name of the corporation shall be:	2006 FEB 13 PM 4: 08
Jack BOYZ Inc.	SLUKETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
1389 Ellis Trace Dr. W. Jax., Fl. 32205 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
To expose my Community and culture	
With my effices sion of art in the form of most ARTICLE IV SHARES The number of shares of stock is:	sic /video
100,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	•
List name(s), address(es) and specific title(s):	: <u> </u>
	389 Ellis Trace dr. w
Travis Robison VP Opperations Joseph Jasmine Robison Treasure Secatary ARTICLE VI REGISTERED AGENT	xF131205
The name and Florida street address (P.O. Box NOT acceptable) of the	registered agent is
Joey Abbison	registered agent is.
1389 Ellis Trace Dr. W.	
Jax F1 32205	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	-
Joey Robison 1387 Ellis Trace Dr. W. Jax. Fl. 32	205
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	ea corporation at the place designated in this
Day Koloinson	2-09-06
Signature/Registered Agent	Date
	0.22.21
Signature/Incorporator	1-09-06 Date
	Date

ARTICLES OF INCORPORATION