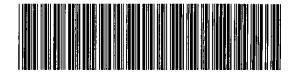
# P06000156831

(Re	equestor's Name)			
(Ac	ldress)	<del> </del>		
(Ac	ddress)			
•	,			
	tulCtatal7in/Dhans	40		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
. (Bu	ısiness Entity Nan	ne)		
·	•	•		
(D <sub>1</sub>	ocument Number)			
(50	odinent (dimber)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
	J			
_				
:				

Office Use Only



100082761711

12/26/06--01034--004 \*\*78.75

SECRETARY OF STATE

CB 12-27.06

## TRANSMITTAL LETTER

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

SUBJECT:	RIFCT: JAX OFFICE IMAGING SOLUTIONS, INC.					
	(Proposed corporate name - must include suffix)					
•			·			
Enclosed is an origina	l and one(1) copy of the articles	s of incorporation and a c	heck for:			
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	WILLIAM G. NOE,	JR., ESQ.				
PROM.	Name (Printed or typed)					
	599 ATLANTIC BOULEVARD, SUITE 6					
	Address					
	ATLANTIC BEACH, FI	JORIDA 32233				
	City, State & Zip					
	(904) 249-7241					
Daytime Telephone number						

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

### CERTIFICATE OF INCORPORATION

06 DEC 26 AM 1: 07

**OF** 

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### JAX OFFICE IMAGING SOLUTIONS, INC.

I, THE UNDERSIGNED, HEREBY ASSOCIATE FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, BY AND UNDER THE PROVISIONS OF THE STATUTES OF THE STATE OF FLORIDA PROVIDING FOR THE FORMATION OF A CORPORATION FOR PROFIT.

#### ARTICLE I

THE NAME OF THE CORPORATION SHALL BE: JAX OFFICE IMAGING SOLUTIONS, INC.

#### ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS CORPORATION IS AS FOLLOWS:

TO DO ALL THINGS WHICH ARE AUTHORIZED TO BE DONE BY CORPORATIONS ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.

#### ARTICLE III

THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS AUTHORIZED TO ISSUE IS ONE HUNDRED SHARES (100). SUCH SHARES SHALL BE OF A SINGLE CLASS, AND SHALL HAVE A PAR VALUE OF TEN CENTS (\$.10) PER SHARE.

ALL OF SAID STOCK SHALL BE PAYABLE IN CASH, PROPERTY, LABOR OR SERVICES AT A JUST VALUATION TO BE FIXED BY THE BOARD OF

DIRECTORS OF INCORPORATORS, AT A MEETING CALLED FOR THAT PURPOSE.

#### ARTICLE IV

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

#### ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL
BE 12412 SAN JOSE BLVD., SUITE 402, JACKSONVILLE, FLORIDA 32223. THE
MAILING ADDRESS OF THIS CORPORATION SHALL BE 12412 SAN JOSE BLVD.,
SUITE 402, JACKSONVILLE, FLORIDA 32223.

#### ARTICLE VI

THE NUMBER OF DIRECTORS OF THIS CORPORATION SHALL BE NOT LESS THAN ONE NOR MORE THAN FIVE.

#### ARTICLE VII

THE NAMES AND STREET ADDRESSES OF THE FIRST BOARD OF DIRECTORS WHO, SUBJECT TO THE PROVISIONS OF THIS CERTIFICATE OF INCORPORATION, THE BY-LAWS AND LAWS OF THE STATE OF FLORIDA, SHALL HOLD OFFICE FOR THE FIRST YEAR OF THE CORPORATION'S EXISTENCE, OR UNTIL THEIR SUCCESSORS ARE ELECTED AND HAVE QUALIFIED, ARE AS FOLLOWS:

NAME

#### ADDRESS

MARK Q. HARTLE

12412 SAN JOSE BLVD., SUITE 402 JACKSONVILLE, FLORIDA 32223

#### ARTICLE VIII

THE NAME AND STREET ADDRESS OF THE OFFICERS OF THIS CORPORATION, WHO SHALL HOLD OFFICE FOR THE FIRST YEAR OF THE

CORPORATION'S EXISTENCE, OR UNTIL THEIR SUCCESSORS ARE ELECTED AND HAVE QUALIFIED, ARE AS FOLLOW:

NAME

المراجعة

<u>ADDRESS</u>

MARK Q. HARTLE PRESIDENT, SECRETARY AND TREASURER 12412 SAN JOSE BLVD., SUITE 402 JACKSONVILLE, FLORIDA 32223

#### ARTICLE IX

THE NAME AND STREET ADDRESS OF THE SUBSCRIBER TO THIS CERTIFICATE OF INCORPORATION IS AS FOLLOWS:

NAME

<u>ADDRESS</u>

WILLIAM G. NOE, JR.

599 ATLANTIC BLVD., SUITE 6
ATLANTIC BEACH, FLORIDA 32233

#### ARTICLE X

THE NAME AND STREET ADDRESS OF THE REGISTERED AGENT OF THIS CORPORATION AND OF THE REGISTERED OFFICE IS:

NAME.

<u>ADDRESS</u>

WILLIAM G. NOE, JR.

599 ATLANTIC BLVD., SUITE 6 ATLANTIC BEACH, FLORIDA 32233

#### ARTICLE XI

THE BUSINESS OF THIS CORPORATION SHALL BE CONDUCTED BY A PRESIDENT, ONE OR MORE VICE-PRESIDENTS, A SECRETARY AND A TREASURER, AND SUCH ASSISTANTS AS THE BOARD OF DIRECTORS MAY FROM TIME TO TIME PROVIDE FOR, AND ANY PERSON MAY HOLD TWO OR MORE OF SUCH OFFICES. WHEN STOCKHOLDERS WHO HOLD A MAJORITY OF THE STOCK SHALL BE PRESENT AT A MEETING OF THIS CORPORATION, HOWEVER CALLED

OR NOTIFIED, AND SHALL SIGN A WRITTEN CONSENT THERETO ON THE RECORD OF THE MEETING, THE ACTS OF SUCH MEETING SHALL BE AS VALID AS IF LEGALLY CALLED AND NOTIFIED. THIS CORPORATION MAY PRESCRIBE AND MAKE SUCH OTHER PROVISIONS BY PROPER BY-LAWS AS THE CORPORATION MAY DESIRE FOR THE REGULATION OF THE BUSINESS AND FOR THE CONDUCT OF THE AFFAIRS OF THE CORPORATION, AND ANY PROVISION CREATING, DIVIDING, LIMITING, AND REGULATING THE POWERS OF THE CORPORATION, THE DIRECTORS AND STOCKHOLDERS, INCLUDING PROVISIONS GOVERNING THE ISSUANCE OF STOCK CERTIFICATES TO REPLACE LOST OR DESTROYED STOCK CERTIFICATES; PROVIDED SUCH PROVISIONS ARE NOT CONTRARY TO THE LAWS OF THE STATE OF FLORIDA.

IN WITNESS WHEREOF, THE SUBSCRIBER AND INCORPORATOR HAS HEREUNTO SET HIS HAND AND SEAL THIS 20TH. DAY OF DECEMBER, 2006.

WILLIAM G. NOE, JR. REGISTERED AGENT AND

**SUBSCRIBER** 

I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF JAX OFFICE IMAGING SOLUTIONS, INC. .

WILLIAM G. NOE, JR.

STATE OF FLORIDA COUNTY OF DUVAL

BEFORE ME THIS DAY PERSONALLY APPEARED WILLIAM G. NOE, JR., TO ME WELL KNOWN AND KNOWN TO ME TO BE THE PERSON NAMED AS REGISTERED AGENT AND INCORPORATOR WHO SUBSCRIBED HIS NAME TO THE FOREGOING CERTIFICATE OF INCORPORATION OF JAX OFFICE IMAGING SOLUTIONS, INC., AND WHO ACKNOWLEDGED TO AND BEFORE ME THAT HE SUBSCRIBED HIS NAME TO SAID CERTIFICATE OF INCORPORATION AS THE REGISTERED AGENT AND INCORPORATOR TO THE STOCK OF SAID CORPORATION, FREELY AND VOLUNTARILY FOR THE USES AND PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL AT ATLANTIC BEACH, FLORIDA, DUVAL COUNTY, FLORIDA, THIS 20TH. DAY OF DECEMBER, 2006.

NOTARY PUBLIC
PRINTED NAME:
MY COMMISSION EXPIRES:

