

707000089527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

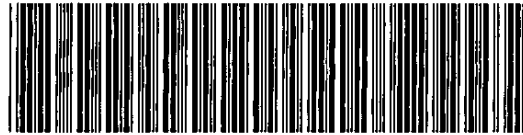
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 AUG -8 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. B. BROWN  
2007 AUG 09 2007  
W07-25206

**COVER LETTER**

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

**SUBJECT:** VLAW JACKSON INC.

(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:** APRIL W. JACKSON

Name (Printed or typed)

11369 SILVER KEY DR

Address

JACKSONVILLE, FL 32218

City, State & Zip

904-647-1607

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:

VLAW JACKSON INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11369 SILVER KEY DR.  
JACKSONVILLE, FL 32218

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO DO CUSTOMER SERVICE WORK WITH ARISE.COM

## **ARTICLE IV SHARES**

The number of shares of stock is:

2

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

APRIL W. JACKSON - PRESIDENT  
VICTOR L. JACKSON SR. - VICE-PRESIDENT  
11369 SILVER KEY DR.  
JACKSONVILLE, FL 32218

## **ARTICLE VI REGISTERED AGENT**

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

Jackson, Victor L.  
11369 Silver Key Dr  
Jax, FL 32218

## **ARTICLE VII INCORPORATOR**



The name and address of the Incorporator is:

APRIL W. JACKSON  
11369 SILVER KEY DR.  
JACKSONVILLE, FL 32218

EFFECTIVE 6/15/07

\*\*\*\*\*

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  
April W. Jackson

6-15-07  
\_\_\_\_\_  
Date  
6-15-07  
\_\_\_\_\_  
Date

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