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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

*[Signature]*  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: JONES OF VOLUSIA, 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: DARYL L. JONES

Name (Printed or typed)

105 E. COUNTRY CIRCLE DRIVE

Address

PORT ORANGE, FL 32128

City, State & Zip

386/233-0537

Daytime Telephone number

**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:

JONES OF VOLUSIA, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

105 E. COUNTRY CIRCLE DRIVE  
PORT ORANGE, FL 32128

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS

## **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):

DARYL L. JONES, PRESIDENT, 105 E. COUNTRY CIR. DR., PORT ORANGE, FL 32128  
LYSTRA JONES, VICE PRES., 105 E. COUNTRY CIR. DR., PORT ORANGE, FL 32128

## **ARTICLE VI REGISTERED AGENT**

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

DARYL L. JONES, 105 E. COUNTRY CIRCLE DRIVE, PORT ORANGE, FL 32128

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

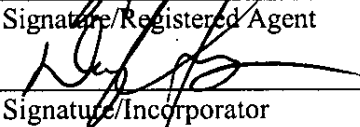
DARYL L. JONES, 105 E. COUNTRY CIRCLE DRIVE, PORT ORANGE, FL 32128

\*\*\*\*\*  
*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

08/09/2007

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

08/09/2007

\_\_\_\_\_  
Date

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07 AUG 13 PM 3:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA