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SECRETARY OF STATE TALLAHASSEE, FLORIDA

EBUNEN JAN 8 2008

# **COVER LETTER**

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

SUBJECT: MORTH FOLISH JACKBOIZ INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00 □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: MICHAEL HAYE Name  3048 CobblEwood	•		
CHCKSONVILLE PLORISA 32225 City, State & Zip			

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 18, 2007

MICHAEL HAYES 3048 COBBLEWOOD LANE JACKSONVILLE, FL 32225

SUBJECT: NORTH FLORIDA JACKBOIZ INC.

Ref. Number: W07000061046

We have received your document for NORTH FLORIDA JACKBOIZ INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date <u>may</u> be added to the Articles of Incorporation.if.a 2008 date is <u>needed</u>, otherwise the date of receipt will be the file date. <u>A separate article</u> <u>must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 207A00070538

08 FEB -8 AM 8: 00

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

### 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:

North Florida SackBoizinc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4575 Lexington Ave #9 Jacksonville FL 32210

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Recording Label

#### ARTICLE IV SHARES

The number of shares of stock is:

5 (Five)

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

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

Michael Hayes
Jernamy Harris
Michael Harris JR
Eric Figgs
Dewayne Cameron

TALLAHASSEF FLORE

The name and Florida street address (P.O. Box NOT acceptable) of the	he registered agent is:
Barbara Simmons	
Barbara Simmons 4575 Lexington Ave#9 Sucksonville, FL 32210	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Michael Hayes	
3048 Cobbiewood Ln	
Jacksonville, FL 32225	
****************	*********
Having been named as registered agent to accept service of process for the above s certificate, I am familiar with and accept the appointment as registered agent and ag	• •
Signature/Registered Agent	2/6/08 Thate
0/-1/14	7/11
Charles ages	<u> </u>
C piguature/incomporator	/ Date

REGISTERED AGENT

ARTICLE VI