

P08000095100

(Requestor's Name)

(Address)

(Address)

(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



800136853288

10/21/08--01030--007 **78.75

FILED
03 OCT 21 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

T R A N S M I T T A L L E T T E R

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

**SUBJECT: Delegate Here Corporation
(Proposed corporate name - must include suffix)**

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

| | | | |
|----------------|-------------------------------|-----------------------------|--------------------------|
| \$70.00 | \$78.75 | \$122.50 | \$131.25 |
| Filing | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate Copy | & Certified Copy | & Certificate |

Additional Copy Required

**FROM: GERALD P. JONES CPA,PA
Name (printed or typed)**

**2039 Soutel Dr.
address**

**Jacksonville, Florida , 32244
City, State & Zip**

**(904) 768- 1700
Daytime Telephone number**

**Articles of Incorporation
OF
Delegate Here Corporation**

FILED
08 OCT 21 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as the incorporator in accordance with the provisions of the laws of the State of Florida for the formation of corporations under the Florida Business Corporation Act, hereby adopt the following articles of incorporation.

Article I - Name

The name of this corporation shall be:
Delegate Here Corporation

Article II- Purpose

This corporation is organized for the purpose of Freelance Independent Contract labor and any related lawful business purpose which may become necessary or desirable for furtherance of the corporation objectives.

Article III- Term of Existence

The period of duration of the existence of this corporation will be perpetual and shall commence at the time of filing of the articles of Incorporation by the Department of state.

Article IV- Principal Office

The principal place of business and mailing address of this corporation is:

5052 Lexington Ave. Jacksonville, Florida 32210

Article V- Capital Stock

The corporation is authorized to issue only one class of stock. The number of shares authorized shall be 100 and the par value of each share is \$10.00.

Article VI- Initial Registered Agent and Street Address

The initial Registered Agent and the street address of the initial registered office of the corporation in the State of Florida shall be:

Gerald P. Jones CPA, PA
2039 Soutel Dr.
Jacksonville, Florida 32208

Article VII- Incorporator

The name and address of the Incorporator of this corporation is as follows:

Magaly S. Basore
5052 Lexington Ave.
Jacksonville Florida 32210

FILED

08 OCT 21 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT,
IN THE STATE OF FLORIDA.**

The name of the Corporation is:

Delegate Here Corporation

The name and address of the registered agent and office is:

Gerald P. Jones CPA
2039 Soutel Dr.
Jacksonville, Florida 32218

Having been named as registered agent and to accept service of process for
The above stated corporation at the place designated in this certificate. I
hereby accept the appointment as registered agent and agree to act in this
capacity. I further agree to comply with the provisions of all statutes relating
to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

Gerald P. Jones
(Signature)

10/7/08
(Date)

State of Florida

County of Duval

The foregoing instrument was acknowledge before me this 7 day of Oct., 2008 by Magaly S. Basore.

Who is personally known to me or who has produced _____,
As identification and who did/did not take an oath.

Given under my hand this 7 day of Oct., 2008.

My commission expires: July 13, 2012

Margaret L. Jones
NOTARY PUBLIC, of, IN AND FOR THE
STATE OF FLORIDA

