

PO 9 0000 47204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

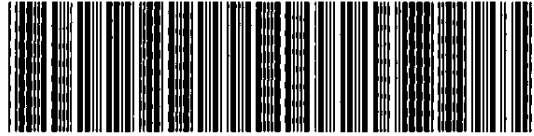
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/13/09--01013--018 **78.75

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09 JUN -1 AM 9:27
SECRETARY OF STATE

D/P

COVER LETTER

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

SUBJECT: Benjamin L. Jones, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Benjamin L. Jones
Name (Printed or typed)

4236 Hickory Dr.
Address

Palm Beach Gardens, FL 33418
City, State & Zip

239.331.0584
Daytime Telephone number

Ben.jones@alum.emory.edu
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2009

BENJAMIN L JONES
4236 HICKORY DR
PALM BEACH GARDENS, FL 33418

SUBJECT: BENJAMIN L JONES, P.A.
Ref. Number: W09000023246

We have received your document for BENJAMIN L JONES, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 609A00016761

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:

Benjamin L. Jones, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*4236 Hickory Dr.
Palm Beach Gardens, FL 33418*

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JUN - 1 11 AM '09
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~All lawful business purposes~~ *Legal Services*

ARTICLE IV SHARES

The number of shares of stock is:

5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Benjamin L. Jones - Principal/Director/Secretary/Treasurer
4236 Hickory Dr.
Palm Beach Gardens, FL 33418*

ARTICLE VI REGISTERED AGENT

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

*Benjamin L. Jones
4236 Hickory Dr.
Palm Beach Gardens, FL 33418*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Benjamin L. Jones
4236 Hickory Dr.
Palm Beach Gardens, FL 33418*

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

Benjamin L. Jones

Signature/Registered Agent *Benjamin L. Jones*

5-9-09

Date

Benjamin L. Jones

Signature/Incorporator - *Benjamin L. Jones*

5-9-09

Date