

PO 9 0000 47204

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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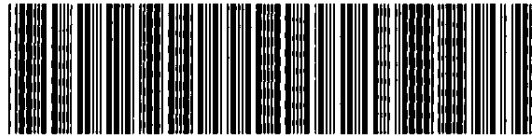
(Business Entity Name)

(Document Number)

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SOUTHERN DISTRICT OF NEW YORK

DP

## 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:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

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

### 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

  
\_\_\_\_\_  
Signature/Registered Agent Benjamin L. Jones

5-9-09

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator - Benjamin L. Jones

5-9-09

\_\_\_\_\_  
Date

FILED  
JUN - 1 11 AM '09  
09