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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

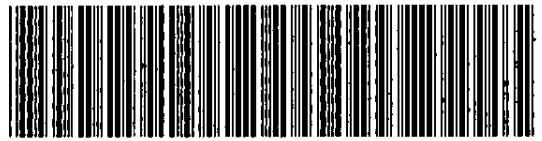
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 OCT 15 PM 1:19

gf 10/16/09

COVER LETTER

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

SUBJECT: Arm Akers 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: Armaker R Horne
Name (Printed or typed)

9625 Waynesboro Ave
Address

Jacksonville, FL 32208
City, State & Zip

(904) 766-0887
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: *Arm Akers Inc.*

ARTICLE II PRINCIPAL OFFICE

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

9625 Waynesboro ave, Jacksonville, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *This corporations purpose is to engage in any lawful activities for which corporations may be formed, according to the laws of this state*

ARTICLE IV SHARES

The number of shares of stock is: *Common stock (voting rights) 10,000 shares
Preferred stock (nonvoting rights) 10,000 shares*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*President: Armaker R. Horne 9625 Waynesboro ave Jacksonville, FL 32208
Vice President: Jarvona T. Horne 9625 Waynesboro ave Jacksonville, FL 32208
Treasurer and Secretary: Armaker R. Horne (same as above)*

ARTICLE VI REGISTERED AGENT

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

*Jarvona T. Horne
9625 Waynesboro ave, Jacksonville, FL 32208*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *Armaker R. Horne
9625 Waynesboro ave, Jacksonville, FL 32208*

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

Jarvona T. Horne
Signature/Registered Agent

10/7/09
Date

Armaker R. Horne
Signature/Incorporator

10/7/09
Date