

PI 0000 032279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

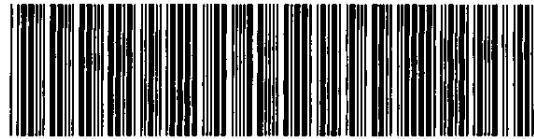
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000173364880

APR 14 2010

COVER LETTER

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

SUBJECT: VOGRJAX 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: OLUFEMI MOSES DADA

Name (Printed or typed)

8707 REEDY BRANCH DR

Address

JACKSONVILLE, FLORIDA 32256

City, State & Zip

321-960-0336

Daytime Telephone number

llufemiloye2@Gmail.com

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

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

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:

VOGRJAX INC.

ARTICLE II PRINCIPAL OFFICE

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

8707 REEDY BRANCH DR
JACKSONVILLE, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ADVERTISING/MARKETING

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

OLUFEMI	8707 REEDY	PRESIDENT	FRANCETTA S.	8707 REEDY	VP
MOSES DADA	BRANCH DR		DADA	BRANCH DR	
	JACKSONVILLE,			JACKSONVILLE,	
	FL 32256			FL 32256	

ARTICLE VI REGISTERED AGENT

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

OLUFEMI M. DADA
8707 REEDY BRANCH DR
JACKSONVILLE, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OLUFEMI M. DADA
8707 REEDY BRANCH DR
JACKSONVILLE, FL 32256

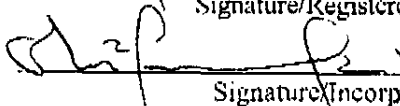
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/13/2010

Date



Signature/Incorporator

4/13/2010

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA