

P10000095253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

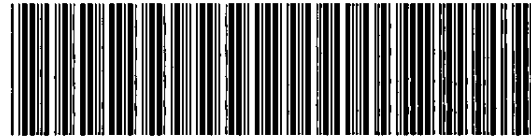
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Zionara Jackson GAVE
AUTHORIZATION BY PHONE TO
CORRECT Articles I, II + IV
DATE 11/22/10
DOC. EXAM MRS

Office Use Only



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11/19/10--01012--020 **\$7.50

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10 NOV 19 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
11/23

COVER LETTER

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

SUBJECT: **JACKSON FIRM 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

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

FROM: **Ziomara L. Jackson**

Name (Printed or typed)

125 NWE 23rd, Suite # 1

Address

Gainesville Florida 32609

City, State & Zip

352-376-5774

Daytime Telephone number

ziomara42@hotmail.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 ZIOMARA JACKSON FIRM INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

125 N.W. 23rd Avenue
SUITE # 1
GAINESVILLE FLORIDA 32609

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAX PREPREATION OFFICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ZIOMARA L. JACKSON CEO
Address: 1920 N.E. WALDO RD.
GAINESVILLE FLORIDA 32609

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

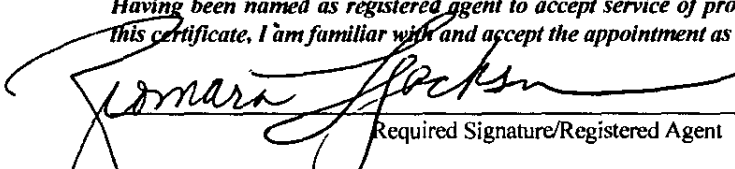
Name: ZIOMARA L. JACKSON
Address: 1920 N.E. WALDO RD.
GAINESVILLE FLORIDA 32609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ZIOMARA L. JACKSON
Address: 1990 N.E. WALDO RD.
GAINESVILLE FLORIDA 32609


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


Required Signature/Registered Agent

01/01/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

01/01/2011

Date

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10 NOV 19 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA