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(F	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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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2011

RECEIVED MAR - # 2011

TAKISHA M TILLIE 3819 GLADYS ST JACKSONVILLE, FL 32209

SUBJECT: JACKSONVILLE'S CHOICE, INC

Ref. Number: W11000005559

We have received your document for JACKSONVILLE'S CHOICE, INC 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 311A00002460

## **COVER LETTER**

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

SUBJECT: Jacksonville's Choice,	Inc			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of			
	Status ADDITIONAL COPY REQUIRED			
FROM: Takisha M. Tillie	e (Printed or typed)			
3819 Gladys Street	Address			
•	Address			
Jacksonville, Florida 32209				
City,	State & Zip			
904-520-8738				
Daytime Telephone number				
jaxchoicettillie@aol.com  E-mail address: (to be used for future annual report notification)				
E-man address. (to be used for future amidal report normeation)				

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)

The name of the c	NAME Jacksonville's Cheorporation shall be:	oice, Inc	
ARTICLE II	PRINCIPAL OFFICE		•
	Principal street address	Mailing	address, if different is:
	3819 Gladys Street	P.O. Box 1260	
	Jacksonville, Florida 32209	Jacksonville, F	Florida 32209
		<del></del>	
The purpose for to provide of area's.	<b>PURPOSE</b> which the corporation is organized is: commercial cleaning services to bus	inesses in the Jacksor	nville and surrounding
ARTICLE IV The number of sha	<del>"" </del>	ODS.	
Name and T	itle:Takisha M Tillie	Name and Title:	
^ Address:	itle: <u>Takisha M. Tillie</u> 3819 Gladys Street	Address:	
	Jacksonville, Florida 32209		
		<del></del>	
Name and T	Title:		Again Company
Address:		Address:	<b>第四</b>
		<del></del>	
		<u> </u>	
	21.4		The state of the s
	`itle:		
Address:			
	<b>--</b>		\$40 <del>4</del>
		<del></del>	
ARTICLE VI	REGISTERED AGENT		3.50 P. J.
	prida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	Tablaka Tilia	•	
Address:	3819 Gladys Street	<del></del>	
71001005.	Jacksonville, Florida 32209	<del></del>	
	Jacksvirvile, Livilua J2203	<del></del>	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		•
Name:	Takisha Tillie		
Address:	3819 Gladys Street Jacksonville, Florida 32209	<u> </u>	
	ned as registered agent to accept service of proom familiar with and accept the appointment as		
T			2-25-11
	Required Signature/Registered Agent		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

Required Signature/Incorporator

Date