

P 11000076531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

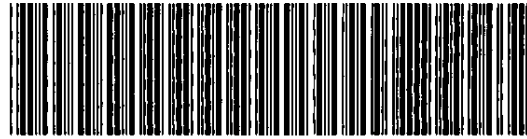
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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8/29/11

## COVER LETTER

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

**SUBJECT: C AND TBJG MANAGEMENT INCORPORATED**  
(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: MONIQUE ROBINSON

Name (Printed or typed)

3481 NATALIE MEL LANE

Address

JACKSONVILLE, FL 32218

City, State & Zip

904-303-6260

Daytime Telephone number

mrs.mfrobinson@gmail.com

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

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**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**

C AND TBJG MANAGEMENT INCORPORATED

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3481 NATALIE MEL LANE  
JACKSONVILLE, FL 32218

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
PRIVATE INVESTING

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**ARTICLE IV SHARES 10,000 AUTHORIZED**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CHRISTOPHER WAYNE GARDNER  
Address: 1853 EDWARDSVILLE ROAD  
MADISON, IL 62060  
CHIEF EXEC. OFFICER

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: MONIQUE ROBINSON  
Address: 3481 NATALIE MEL LANE  
JACKSONVILLE, FL 32218  
PRESIDENT

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: LINDA BELL LAMY  
Address: 1050 MONTEGO BAY DR. SOUTH  
JACKSONVILLE, FL 32218  
SECRETARY

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: MONIQUE ROBINSON  
Address: 3481 NATALIE MEL LANE  
JACKSONVILLE, FL 32218

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

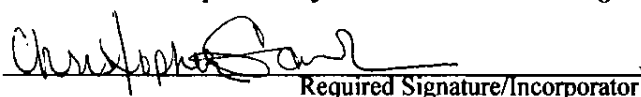
Name: CHRISTOPHER WAYNE GARDNER  
Address: 1853 EDWARDSVILLE ROAD  
MADISON, IL 62060

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

8-10-11  
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

8-10-11  
Date