

P12000005052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

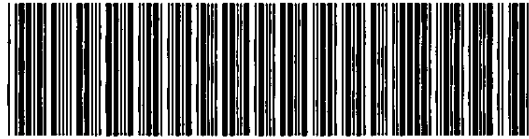
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 23 PM 2:37

Ps 1/24/12

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

Re: LINVAL JACKSON ENTERPRISES INC.
15056 MASTHEAD LANDING CIRCLE
WINTER GARDEN, FL. 34787

To Whom It May Concern:


I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed Corporation.

Also enclosed is a check/money order in the amount of \$122.50 for payment of the following fees:

| | |
|----------------------|-----------------|
| Filing Fee | \$35.00 |
| Certified copy fee | 52.50 |
| Registered Agent fee | 35.00 |
| Charter Tax | <u>00.00</u> |
| TOTAL | \$122.50 |

Please file the original articles and return the certified copy to me at the above address:

Sincerely



Incorporator
Linval Jackson

12 JAN 23 PM 2: 37

**ARTICLES OF INCORPORATION
OF
LINVAL JACKSON ENTERPRISES INC.**

- ONE: The name of the Corporation is Linval Jackson Enterprises Inc.
- TWO: The duration of the Corporation shall be perpetual.
- THREE: The address of the Corporation is:
15056 Masthead Landing Circle
Winter Garden, Florida 34787
- FOUR: The general purpose or purposes for which this Corporation is being formed is/are to operate a General Construction Company including Commercial and Residential repairs, new construction , consulting and all other lawful business activity for which the Corporation may be incorporated under Chapter 607 of the Florida statutes.
- FIVE: The aggregate number of shares, which the Corporation shall have authority to issue, is:

One Thousand (10,000) common shares having a value of \$1.00 per share.
- SIX: The registered agent and the street address of the initial registered office of the Corporation in the State of Florida is:

Name

Address

Linval Jackson

15056 Masthead Landing Cir
Winter Garden, Fl. 34787

SEVEN: The number of directors/officers constituting the Initial Board of Directors is/are 1 and the name and address of each person who is to serve as a member thereof is as follows:

| <u>Name</u> | <u>Address</u> |
|-----------------------|---|
| Linval Jackson | 15056 Masthead Landing Cir Winter Garden, FL 34787 |

EIGHT: The name and address of the sole Incorporator is:

| <u>Name</u> | <u>Address</u> |
|----------------|--|
| Linval Jackson | 15056 Masthead Landing Cir Winter Garden, Florida 34787 |

The internal affairs of the Corporation shall be governed by the By-Laws of the Corporation, which shall be adopted at first meeting of the Board of Directors.

NINE: The names and street addresses and the number of shares subscribed to by the subscribers hereto, who are also members of the first Board of Directors and who are to conduct the Business of the Corporation until those elected at the organizational meeting are:

| <u>Name</u> | <u>Shares</u> |
|----------------|---------------|
| Linval Jackson | 1000 Shares |



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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

01/14/2012
Date



Signature/Incorporator

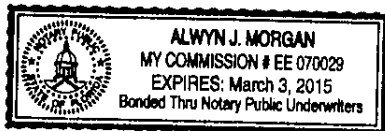
01/14/2012
Date

STATE OF FLORIDA

COUNTY OF SEMINOLE

I, **HEREBY CERTIFY** that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person Linval Jackson, as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 14th day of JANUARY, 2012.



Alwyn J. Morgan

Notary Public

My commission expires: 3/03/2015

[Signature]

Personally Known _____

Identification FLORIDA DRIVERS LICENSE

J 250-532-58-218-0