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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

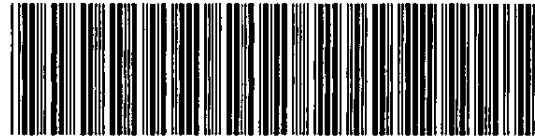
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers MAR 09 2012

**COVER LETTER**

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

**SUBJECT:** JAX CROWN & MORE, 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:** DAVID K. MORRISSEY  
Name (Printed or typed)  
5852 MICHIGAN AVE.  
Address  
JACKSONVILLE, FL 32211  
City, State & Zip  
C/O 904-744-6843  
Daytime Telephone number  
C/O tmorrisfla@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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**

The name of the corporation shall be: JAX CROWN & MORE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>5852 MICHIGAN AVE.</u>	<u>6719 DIANE RD.</u>
<u>JACKSONVILLE, FL 32211</u>	<u>JACKSONVILLE, FL 32277</u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO PROVIDE CUSTOM SERVICES- SPECIALIZING, BUT NOT LIMITED TO, CROWN MOLDING, CUSTOM CABINETERY, OTHER TYPES OF TRIM INSTALL AND ALL MANNER OF PAINTING.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 @ \$1.00 PER SHARE

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

Name and Title: Address:	<u>DAVID K. MORRISSEY (PRES.)</u> <u>5852 MICHIGAN AVE.</u> <u>JACKSONVILLE, FL 32211</u>	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: DAVID K. MORRISSEY  
Address: 5852 MICHIGAN AVE.  
JACKSONVILLE, FL 32211

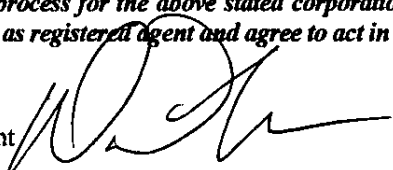
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID K. MORRISSEY  
Address: 5852 MICHIGAN AVE.  
JACKSONVILLE, FL 32211

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

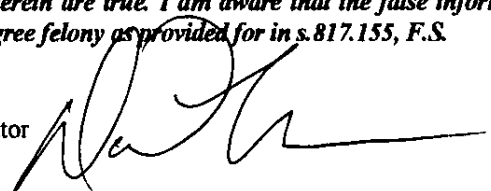


Date

2/28/12

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



Date

2/28/12

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