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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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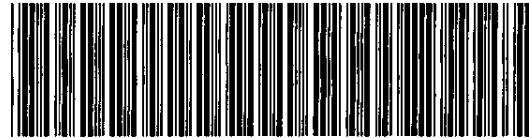
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 16 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 17 2012

COVER LETTER

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

SUBJECT: FIRST ONE FINANCIAL, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
EFFECTIVE DATE 11-01-2012

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: JASON MANUEL
Name (Printed or typed)

13400 SUTTON PARK DR S; STE 1103
Address

JACKSONVILLE, FLORIDA 32224-0235
City, State & Zip

904 403-2347
Daytime Telephone number

YOU QUALIFY HERE @ YAHOO.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

The name of the corporation shall be: FIRST ONE FINANCIAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1220 CASSAT AVENUE
JACKSONVILLE, FL 32224-0235

Mailing address, if different is:
13400 SUTTON PARK DR. S.
SUITE 1103
JACKSONVILLE, FL 32224-0235

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JASON MANUEL, PRES
Address: 13400 SUTTON PARK DR. S.
SUITE 1103
JACKSONVILLE, FL 32224-0235

Name and Title: VICKI C. MANUEL, SEC
Address: 13400 SUTTON PARK DR. S.
SUITE 1103
JACKSONVILLE, FL 32224-0235

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: Ann Finnell
Address: 2114 Oak St.
Jacksonville, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICHARD STEWART
Address: 9498 BENVOLERO CIRCLE RD
JACKSONVILLE, FL 32257

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

Ann Finnell
Required Signature/Registered Agent

10/6/12
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.

Richard Stewart
Required Signature/Incorporator

10/6/12
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 16 AM 9:35

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