

P 1500004986

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Letter. Please Envelope

*[Signature]*

Office Use Only



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15 JAN 13 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 15 2015

S. GILBERT

*Jackson Financial Investment & Retirement Services*

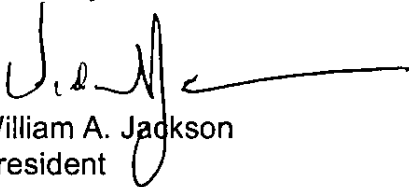
January 7, 2015

Florida Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

I, William A. Jackson, as President of Jackson Financial Investment & Retirement Services, Inc., have no intention to reinstate this dissolved entity (document # P01000025996). I would like to use it for the attached new filing.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. A. Jackson', followed by a long horizontal line extending to the right.

William A. Jackson  
President

Attachment

## COVER LETTER

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

**SUBJECT:** Jackson Financial Investment & Retirement Services, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** William A. Jackson  
Name (Printed or typed)

905 Sarno Road  
Address

Melbourne, FL 32935  
City, State & Zip

(321) 394-1040  
Daytime Telephone number

bill@wajcpa.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: Jackson Financial Investment & Retirement Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

905 Sarno Road  
Melbourne, FL 32935

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: financial investment services

**ARTICLE IV SHARES** 100

The number of shares of stock is: 100

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

Name and Title: William A. Jackson, President

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

Address 905 Sarno Road  
Melbourne, FL 32935

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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15 JAN 13 PM 1:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: William A. Jackson

Address: 905 Sarno Road  
Melbourne, FL 32935

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William A. Jackson

Address: 905 Sarno Road  
Melbourne, FL 32935

*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*

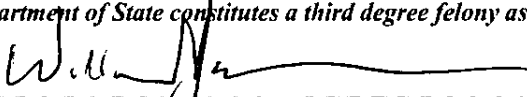


\_\_\_\_\_  
Required Signature/Registered Agent

1/7/2015

\_\_\_\_\_  
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

1/7/2015

\_\_\_\_\_  
Date