

P15000089602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



100277587611

10/01/15--01004--019 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV - 2 PM 2:22

NOV - 3 2015

T CANNON

COVER LETTER

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

SUBJECT: ATTORNEY ASSISTANCE OF JAX, 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: JOSE ALONSO

Name (Printed or typed)

5616 BISHOP LANE

Address

JACKSONVILLE, FL 32207

City, State & Zip

904-707-6167

Daytime Telephone number

jmalonsoesq@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.



REC

15 NOV -

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRET
TALLAHASSEE

October 19, 2015

JOSE ALFONSO *ALONSO*
5616 BISHOP LANE
JACKSONVILLE, FL 32207 US

SUBJECT: ATTORNEY ASSISTANCE OF JAX, INC.
Ref. Number: W15000069281

We have received your document for ATTORNEY ASSISTANCE OF JAX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tina D Cannon
Regulatory Specialist II

Letter Number: 115A00022084



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2015

JOSE ALONSO
4446-1A HENDRICKS AVE
SUITE #209
JACKSONVILLE, FL 32207 US

SUBJECT: ATTORNEY ASSISTANCE OF JAX, INC.
Ref. Number: W15000066737

We have received your document for ATTORNEY ASSISTANCE OF JAX, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tina D Cannon
Regulatory Specialist II

Letter Number: 315A00021261

RECEIVED
15 OCT 15 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -2 PM 2:22

ARTICLE I NAME

The name of the corporation shall be: ATTORNEY ASSISTANCE OF JAX, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5616 BISHOP LANE

JACKSONVILLE, FL 32207

Mailing address, if different is:

4446-1A HENDRICKS AVE., SUITE# 209

JACKSONVILLE, FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful purposes of a Professional Corporation.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE ALONSO, PRESIDENT

Address 5616 BISHOP LANE

JACKSONVILLE, FL 32207

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: MICHAEL CEASER _____

Address: 1840 SOUTHSIDE BLVD., BLDG# 2 _____

JACKSONVILLE, FL 32216 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE ALONSO _____

Address: 5616 BISHOP LANE _____

JACKSONVILLE, FL 32207 _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV - 2 PM 2:21

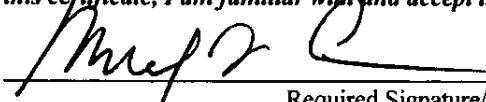
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

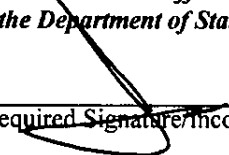


Required Signature/Registered Agent

10/29/2015

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

10/21/15

Date