

P1600023385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

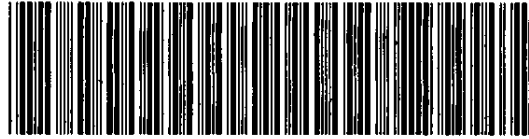
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MAR 15 2016

T. SCOTT



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03/07/16--01035--014 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR -7 PM 2:30

COVER LETTER

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

SUBJECT: Jones Health Law, P.A.

(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: Jamaal R. Jones
Name (Printed or typed)
1132 NW 3rd st., Apartment 6
Address
Miami, Florida 33128
City, State & Zip
(917)912-8108
Daytime Telephone number
JamaalJonesESQ@Gmail.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: Jones Health Law, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1132 NW 3rd St.,

Apartment 6

Miami, Florida 33128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide legal services to clients within the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamaal R. Jones, President

Name and Title: _____

Address 1132 NW 3rd st.

Address: _____

Apartment 6

Miami, Florida 33128

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Jamaal R. Jones
Address: 1132 NW 3rd st.
Miami, Florida 33128

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jamaal R. Jones
Address: 1132 NW 3rd st., Apartment 6
Miami, Florida 33128

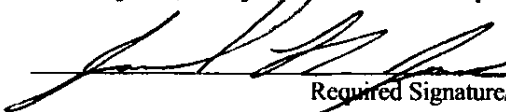
ARTICLE VIII EFFECTIVE DATE:

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

3/2/16

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

3/2/16

Date