

P16000045456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

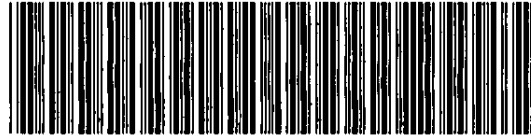
(Business Entity Name)

(Document Number)

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

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16 MAY 16 PM 6:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUL  
5-24-16

## COVER LETTER

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

SUBJECT: JIMB INVESTMENT SOLUTIONS 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: Leroy J George Jr.  
Name (Printed or typed)

2675 SW State Rd 247  
Address

Lake City FL 32024  
City, State & Zip

(386) 288-8620  
Daytime Telephone number

lgeorge4@bellsouth.net  
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: JIMB INVESTMENT SOLUTIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2675 SW STATE ROAD 247

LAKE CITY FL 32024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Started new business.

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ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Heroy I George Jr, President

Address 2675 SW state Rd 247

LAKE CITY FL 32024

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: Veda Pruitt  
Address: 707 SW Nursery Rd.  
Lake City Fl. 32024

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**ARTICLE VII INCORPORATOR**

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

Name: Veda Pruitt  
Address: 707 SW Nursery Rd  
Lake City, Fl. 32024

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/15/2016 . (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*

Veda A Pruitt  
Required Signature/Registered Agent

5/12/2016  
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.*

Veda A Pruitt  
Required Signature/Incorporator  
Veda G Pruitt

5/12/2016  
Date