

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAY 21 AM 8:09

# TRANSMITTAL LETTER

P990000 46616

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

SUBJECT:

Five, Inc

(Proposed corporate name - must include suffix)

100002866841--5

-05/07/99--01058--019

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

STEVEN T. SCHOONMAKER

Name (printed or typed)

1628 HENDRICKS AVE

Address

JACKSONVILLE FL 32207

City, State & Zip

904 398 4918

Daytime Telephone number

W99-11059

DMC  
5/11/99

2544

SHARON

MAY 24 1999

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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 11, 1999

STEVEN T. SCHOONMAKOR  
1628 HENDRICKS AVE  
JACKSONVILLE, FL 32207

SUBJECT: JIVE, INC. *Jumpin Jive, Inc.*  
Ref. Number: W99000011059

We have received your document for JIVE, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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) 487-6923.

Doris McDuffie  
Corporate Specialist Supervisor

Letter Number: 299A00025828

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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

*Jumpin Jive, Inc.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*1628 HENDRICKS AVE  
JACKSONVILLE FL 32207*

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

*1000*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*STEVEN T. SCHOONMAKER  
5020 HARD ST  
JACKSONVILLE, FL 32258*

ARTICLE V INCORPORATOR(S)



The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL A. MOODY  
141 OLD ORANGE PARK RD #93  
ORANGE PARK, FL 32073

STEVEN T. SCHONMAKER  
5020 HARP ST  
JACKSONVILLE, FL 32258

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of APRIL, 1999.

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

JUMPIN FIVE, INC.

1628 HONDRIERS AVE  
JACKSONVILLE, FL 32207

2. The name and address of the registered agent and office is:

STEVEN T. SCHONMILCH  
(Name)

5020 NARP ST  
(P.O. Box not acceptable)

JACKSONVILLE, FL. 32258  
(City/State/Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

St. Ishh  
(Signature)

APRIL 29, 1999  
(Date)