| partment of State | 01000 | 114/6 | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
|-------------------------|--|--|--|
| O. Box 6327 | | | ALGERAL PROPERTY 2: 18 |
| allahassee, FL 32314 | | | "MOSE CENTER 16 |
| | _ | | CONTE |
| UBJECT: | JAMA Seri | ces, Inc. | ~ 4 |
| DJECI: | | ATE NAME - MUST INCL | UDE SUFFIX) |
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| nclosed is an origin | nal and one(1) copy of the artic | eles of incorporation and a | a check for: |
| _ | ,, -, | | , |
| \$70.00 | □ \$78.75 | \$78.75 | \$87.50 |
| _ | ,, -, | □ \$78.75 Filing Fee | \$87.50 Filing Fee, |
| \$70.00 | \$78.75 Filing Fee | \$78.75 | \$87.50 |
| \$70.00 | \$78.75 Filing Fee | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| \$70.00 | \$78.75 Filing Fee | □ \$78.75 Filing Fee | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| \$70.00 | \$78.75 Filing Fee | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| \$70.00 | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| □ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO Printed or typed) | \$87.50 Filing Fee, Certified Copy & Certificate of Status |

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

Address

Tallahassee 7L 32308
City, State & Zip

\$50-942-1949 Daytime Telephone number

Ap 12/3

| 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: |
| JAMA Services, Inc. |
| ARTICLE II PRINCIPAL OFFICE |
| The principal place of business/mailing address is: |
| 2.032 Einne Di |
| Tallahassee 7L 32308 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: |
| The purpose for which the corporation is organized is: |
| $\rho(A)$ |
| ARTICLE IV SHARES |
| The number of shares of stock is: |
| 100,000 |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) |
| The name(s), address(es) and title(s): |
| Mary Menefield - 2032 Einine Dr. Tailahassee, 71 32308 Director |
| Mary Menefield - 2032 Einine Dr. Tallahassee, 7L 32308 Director President |
| Terene Wilson - 2032 Ethine Dr. Tallahassee, 72 32308 Director/ Presiden |
| ARTICLE VI REGISTERED AGENT |
| The name and Florida street address of the registered agent is: |
| Mary Menefield 2032 Ernine Dr. Tallahassee, 7L 32308 |
| ARTICLE VII INCORPORATOR |
| The <u>name and address</u> of the Incorporator is: |
| Mary Menetield 2032 Ethine Dr. Tailahassee, 7132308 |
| ************************************** |
| 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 |
| maux maneliald |
| Signature/Registered/Agent Date |

Signature Incorporator