6800000080 (Requestor's Name) (Address) 900277583759 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL 10/05/15--01018--005 **35.00 (Business Entity Name) (Document Number) Certified Copies Certificates of Status FILED 2015 0CT - 5 1 3: 35 ive i the Special Instructions to Filing Officer: Office Use Only

Jul Ar

low

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	JUS- Com, InC. Name of Corporation
DOCUMENT NUMBER:	F1300000080

The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICTWORKS Firm/Company Bry Son Drive # 423 Address FL34109y/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>267</u>) <u>262-U(06</u>] Area Code & Daytime Telephone Number Contact Person

Enclosed is a check made payable to the Florida Department of State for the following amount:

S35.00 Filing Fee S43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E127 (8/08)



.....

. . .

· - - ·

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1.	The name of the foreign corporation as it appears on the records of the Florida Department o	f State is:
	Just Com, Inc.	2

2. This entity was authorized to transact busine	ess in Florida on 1-07-13 and its Florida document
number is <u>F 1.3.00000080</u>	
3. This corporation was formed under the laws	or Indiana
4. The name and address of each officer and/or	
Title:	Name and Address
CED	Michael Palleschig
	5495 Bryson Dr. #423
	MADIES FL 34109
ΛιΛ	
(Attach additiona	al pages if necessary)
	(FT)
Signature of an officer or director	Title of person signing
nichgel Palleschi	FILING FEE \$35
rped or printed name of person signing Make of Make of Divisi	checks payable to Florida Department of State and Mail to: ion of Corporations•PO Box 6327•Tallahassee, FL 32314
1911151	an ar corporatoria i a mor and i communicador i a profit

CR2E127 (8/08)