TRANSMITTAL LETTER

10000000543 7 (State prorations)

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

SUBJECT:	JMS Entertainm	ent Inc.		
	(Proposed corpor	rate name - must include suf	fix)	,
		40	100031020 -01/19/00010 *****78.75 *	148 15001 *****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 of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COR	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	*
FROM:	P.D. Box 21	inted or typed)	RETARY OF STATE AHASSEE, FLORIDA	
	TAllahassee F City, S 850 - 553-4400	(. 32316 - 2114 State & Zip		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JUS Entertainment INC-

ARTICLE II PRINCIPAL OFFICE

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

P.D. Box 2114 TAllahousee, Fl. 32316-2114

ARTICLE III SHARES

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

100,000 @ 4.01 each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Show Strickland

1800 FAICONCIENT Dr.

TAIL FI 32303

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Show Strickland

7.0. Box 2114 TAU. FI. 32316-2114

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Signature/Incorporator

1/18/00

Date

(An additional article must be added if an effective date is requested.)

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 profisions 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

Signature/Registered Agent

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