TRANSMITTAL LETTER

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

SUBJECT:

SUBJECT:

SUBJECT:

SUBJECT:

SUBJECT:

(Proposed corporate name - must include suffix)

400003137254-5

-02/16/00-01057-009

*****78.75 ******78.75

| Enclosed is an origin | al and one(1) copy of the articl | es of incorporation and a | check for : |
|-----------------------|--|---|---|
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM | :Cynthia M Agag Justi | Printed or typed) Na Rd # = | 3 |

City, State & Zip

(904) 744-6087

Daytime Telephone number

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

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: JECELITE SERVICES INC. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 2929 Justina Rd #32 JAX. Fl. 32211 Mailing Address - P.O. Box 2246 JAX. Fl. 32203-2266 |
| ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: |
| ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Cynthia M. Calhoun ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Cynthia M. Calhoun 3939 Justina Rd # 32 Jacksonville, Fl. 32211 Wattur M. Calhoun Signature Incorporator 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 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 Mathia M. Date |
| Signature/Registered Agent Date |