

TRANSMITTAL LETTER

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

600003246296--6

-05/10/00--01002--008

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

SUBJECT:

JDL2, INC

(Proposed corporate name - must include suffix)

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

☐ \$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

Janice Levin
119 Wickliffe Dr.
Naples, FL 34110

City, State & Zip

Daytime Telephone number

FILED
2000 MAY 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W-12041

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

BC 05/10/00

FILED
2000 MAY 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Incorporation
of

ARTICLE I

The name of this corporation shall be: **JDL2, INC.**

ARTICLE II

The corporation may engage in any activity or business and perform all of the powers and privileges granted corporations under the laws of the State of Florida and the United States of America.

ARTICLE III

The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time shall be one thousand (1,000) shares with a par value of one dollar (\$1.00) and shall be classified as follows: Series A. Voting, 1,000 shares.

ARTICLE IV

This corporation shall begin business with a capital of not less than one thousand dollars (\$1,000).

ARTICLE V

This corporation shall exist perpetually.

ARTICLE VI

The name and address of the corporation's initial Registered Agent is:

Jonathan D. Levin
119 Wickliffe Dr.
Naples FL 34110

ARTICLE VII

The principal place of business of this corporation shall be located at:

119 Wickliffe Dr.
Naples FL 34110

ARTICLE VIII

This is a close corporation as contemplated by Florida Statute 607.72. The corporation will have no directors and business shall be conducted by the shareholders of this corporation.

ARTICLE IX

The names and post office addresses of the President, Vice President, Secretary and Treasurer, who shall hold office for the first year of existence of the corporation, or until their successors are elected pursuant to the corporate By-Laws are as follows:

Name
Jonathan D. Levin

Office

Address
119 Wickliffe Dr.
Naples FL 34110

Tanice D. Levin

ARTICLE X

119 Wickliffe Dr.
Naples FL 34110

The name and address of the subscriber of this Certificate of Incorporation is as follows:

Jonathan D. Levin
119 Wickliffe Dr.
Naples FL 34110

I, the undersigned, being the original subscriber and incorporator of the foregoing corporation, do hereby certify that the foregoing constitutes the Charter of the above Corporation.

Witness my hand and seal this 26 day of April, 2000.

Jonathan L. Levin
Jonathan L. Levin

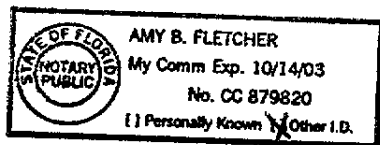
State of Florida
County of Collier

Before me, the undersigned notary public, personally appeared –
to me known to be the person described in and who executed and subscribed to the
foregoing Articles of Incorporation, and he/she acknowledged before me that he/she
executed and subscribed to the same for the purposes therein expressed. Who is
personally known or who produced FLDH # 150424510410 as identification.
~~Lisa 424 515950~~

Dated: 4/26/2000

Amy B. Fletcher
Notary Public

My commission expires: 10/14/03



Certificate of Designation of
Registered Agent/Registered Office

Pursuant to the provisions of Section 607.0501, 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: JDL2, INC.
2. The name and address of the registered agent and office is:

Jonathan D. Levin
119 Wickliffe Dr
Naples Fl 34110

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.

Jonathan D. Levin

April 26, 2000
Date

FILED
2000 MAY 10 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA