

PROPOSAL LETTER
P0000048748

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

000003250570--3
-05/12/00--01066--001
****236.25 *****78.75

SUBJECT: BILJAF, 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: DEBORAH OLECK
Name (Printed or typed)

118 RIDGEWOOD AVENUE
Address

HOLLY HILL FL 32117
City, State & Zip

904-252-7908
Daytime Telephone number

FILED
00 MAY 12 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

5-17
WOC

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:

BILJAF, INC.

ARTICLE II PRINCIPAL OFFICE

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

118 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

ARTICLE III SHARES

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

5,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

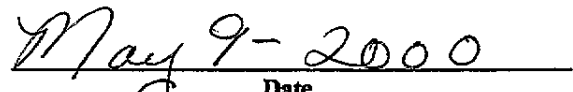
DEBORAH OLECK
118 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROSE JAFFE 118 RIDGEWOOD AVENUE
DEBORAH OLECK HOLLY HILL FL 32117



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


Signature/Registered Agent


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA