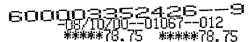
TRANSMITTAL LETTER

P00000077554

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



SUBJECT:	Four J I	Dube, Inc.	d corporate-name—nast include	- CC \	<u></u> s
		(горозси	a corporate-name n.3st memor	e surrix)	
			cles of incorporation and a c	heck for :	1
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certificate	□\$122.5) Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
·		ADDITIONAL COPY REQUIRED			
PR COS		ph Dube Name estead Terrace	(Printed or typed)		FILE
	ZSI/ HOM	estead Terrace	Address		3 5
	Palm Har		683 y, State & Zip	ORIDA :	ा ध ७
	(727)-7	72-6782	-		
		Daytime	Telephone numbe	approx.	the rate Fig. handless

T. Burch AUG 1 6 2000

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:

Four J Dube, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2317 Homestead Terrace N. Palm Harbor, Florida 34683

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Joseph Dube 2317 Homestead Terrace N Palm Harbor, Florida 34683

ARTICLE V INCORPORATOR

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

Joseph Dube 2317 Homestead Terrace N Palm Harbor, Florida 34683 267-85-8926

// Signature/Incorporator

8-7-00

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 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