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TRANSMITTAL LETTER

FILED
SEP 25 AM 1:50
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

SUBJECT: JILDA'S, INC.
(Proposed corporate name - must include suffix)

200003403762--D
-09/25/00--01152--005
*****78.75 *****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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ilda Filipe
Name (Printed or typed)

16 White Hurst Lane
Address

Palm Coast, FL 32164
City, State & Zip

(904) 447-8806
Daytime Telephone number

Ilda Filipe
AUTHORIZATION BY PHONE TO
CORRECT Name
DATE 9-27-00
WC

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

9-28
WC

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:

JILDA'S, INC.

ARTICLE II PRINCIPAL OFFICE

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

16 White Hurst Lane
Palm Coast, FL 32164

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ilda Filipe
16 White Hurst Lane
Palm Coast, FL 32164

ARTICLE V INCORPORATOR

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

Ilda Filipe , President

Ilda R. Filipe

Signature/Incorporator

9-20-00

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

Ilda R. Filipe

Signature/Registered Agent

9-20-00

Date

FILED
00 SEP 25 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA