

P01800035753

TRANSMITTAL LETTER

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

200003958582--1
-04/04/01--01052--004
*****70.00 *****70.00

SUBJECT: JODER 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DAVID LEISER
Name (Printed or typed)

PO 617092
Address

Orlando FL 32861
City, State & Zip

407-299-2771
Daytime Telephone number

FILED
01 APR -4 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

4-9-01
WCC

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:

JODER INC.

ARTICLE II PRINCIPAL OFFICE

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

4899 W COLONIAL DR ORLANDO FL 32808

Mailing - PO 617092 ORLANDO FL 32861

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID LEISER

4899 W COLONIAL DR ORLANDO FL 32808

ARTICLE V INCORPORATOR

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

DAVID LEISER

4899 W COLONIAL DR ORLANDO FL 32808

MAIL PO 617092 ORLANDO FL 32861

Signature/Incorporator

APRIL 02-01

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 as 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

APRIL 02-01

Date

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01 APR -4 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA