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

50-Adams, Inc.

SUBJECT:	PROPOSED CORPURATE NAME - MUST INCLUDE SUFFIX
	ADDITUCE RELIEF TRATE IN MINISTER TO THE PROPERTY OF THE PROPE

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

ADDITIONAL COPY REQUIRED

FROM: LOSEPHINE WILLIAMS-ADAMS Name (Printed or typed)	SECR TALLA	01 MA	
2941 NW 187TH STREET	ETARY	131	
	OF S	<u>ક</u> ઝ	Ü

305-625-5050 Daytime Telephone number

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

ARTICI ES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLL I</u> *NAME*

The name of the corporation shall be:

JO-ADAMS, INC.

ARTICLE II PRINCIPAL OFFICE

The princi al place of business/mailing address is:

2941 NW 187 STREET

OPA LOCKA, FL 33056

<u>ARTICL III PURPOSE</u>

The purpose for which the corporation is organized is:

HOME IMPROVEMENT

ARTICL IV SHARES

The numb ir of shares of stock is:

DNE

ARTICL: V INITIAL OFFICERS/DIRECTORS (optional)

The name s) and address(es):

A PRINTED BY OWNER

REGISTERED AGENT <u>ARTICL : VI</u>

The name and Florida street address of the registered agent is:

JUSEPhine Williams-Adams 2941 NW 187th St OPA Locka, FL. 33056 ARTICLEVII INCORPORATOR

The name and address of the Incorporator is:

Josephine Williams-Adams

Josephine Williams-Adams

Josephine Williams-Adams

Opa locka , FL. 33056

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

signature/Registered Agent