

TRANSMITTAL LETTER

P010000061949

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

APPROVED
AND
FILED
01 JUN 21 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: JIBAR ENTERPRISES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004435497--8
-06/21/01--01077--005
*****87.50 *****87.50

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: DEVENORAKUMAR PATEL
Name (Printed or typed)

3460 Edgewater Dr.
Address

Orlando FL 32804.
City, State & Zip

407 872 0863.
Daytime Telephone number

352 361 3023

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

[Handwritten signature]
6/21/01

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

JIGAR ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3460 Edgewater Dr.
Orlando FL 32804.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DEVENORAKUMAR PATEL

ARTICLE VI REGISTERED AGENT

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

DEVENORAKUMAR PATEL
3460 Edgewater Dr.
Orlando FL 32804.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DEVENORAKUMAR PATEL
3460 Edgewater Dr.
Orlando FL 32804.

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

D Patel

Signature/Registered Agent

6-21-01.

Date

D Patel.

Signature/Incorporator

6-21-01.

Date

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