

TRANSMITTAL LETTER
P01000119933

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

900004732899--3
-12/19/01--01002--022
*****78.75 *****78.75

SUBJECT: _____
(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

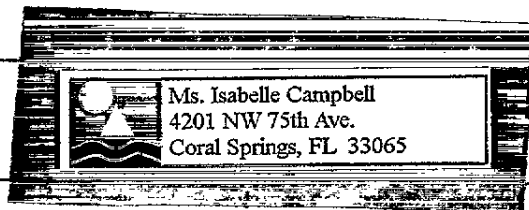
☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)



Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 DEC 19 PM 3:28

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 10, 2001

ISABELLE CAMPBELL
4201 NW 75TH AVE
CORAL SPRINGS, FL 33065

SUBJECT: J-MIMA, INC.
Ref. Number: W01000028093

We have received your document for J-MIMA, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

An effective date may be added to the Articles of Incorporation if a 2002 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6919.

Beth Register
Corporate Specialist Supervisor
New Filings Section

Letter Number: 501A00064920

*NB **

CONTACT # (954) 340-4977

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:

J-MIMA, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Business Location: 8430 NW 40th Street
Coral Springs, FL 33065

Mailing Address: P. O. BOX 670524
Coral Springs, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operate Residential Rental Property and Conduct any other business that is legal in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Isabelle Campbell, President
Lawford Campbell II, Treasurer
Juwanza Campbell, Secretary

All at: 4201 NW 75 Avenue
Coral Springs, FL 33065

ARTICLE VI REGISTERED AGENT

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

Myrna Claxton
4201 NW 75 Avenue
Coral Springs, FL 33065

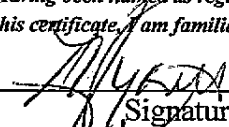
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
01 DEC 19 PM 3:29


Adrian Liburd
7466 NW 18 Drive
Pembroke Pines, FL 33024

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

9-17-01
Date



Signature/Incorporator

9-17-01
Date