# POQOOO/69/1/20 TRANSMITTAL LETTER

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

800004899808---<sup>2</sup> -02/11/02--01064--005 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: JMIZE INVESTMENTS, INC.			-
	(PROPOSED CORPO	RATE NAME – MUST INCL	UDE SUFFIX)
Enclosed is an or	riginal and one(1) copy of the arti	iolog of importantian at	
	ighter and one(1) copy of the art	icles of incorporation and a	a check for :
□ \$70.00		□ \$78.75	<b>1</b> \$87.50
Filing Fee	<u> </u>	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
		ADDITIONAL CO	
FRO	DM: JASON PAUL V	nize	 •
Name (Printed or typed)			
14929 ARRIVE SPRINGS COR H 103			
14929 ARBUR SPRINGS CIR # 103 Address			
TAMPA, FL 33624 City, State & Zip			
City, State & Zip			
	813-918	?- 7/2 3	

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

Daytime Telephone number

# 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:

JMIZE Investments, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principle place of business/mailing address is:

14929 Arbor Springs Cir. #103

Tampa, FL 33624

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

#### ARTICLE IV SHARES

The number of shares of stock is:

100 @ zero par value

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Jason Paul Mize

14929 Arbor Springs Cir. # 103

Tampa, FL 33624

### ARTICLE VI REGISTERED AGENT

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

Jason Paul Mize

14929 Arbor Springs Cir. # 103

Tampa, FL 33624

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason Paul Mize

14929 Arbor Springs Cir. # 103

Tampa, FL 33624

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 Algent

OZ FIB I M 9 H8

Signature/Incorporator