

TRANSMITTAL LETTER

P020000017426

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

300004910819--5  
-02/12/02--01023--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: J Land Associates 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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: James H Penland  
Name (Printed or typed)

132 Bougainvillea St. N.E  
Address

Lake Placid, FL 33852  
City, State & Zip

(305) 235-3883  
Daytime Telephone number

02 FEB 12 AM 9:45  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

gy2/15

# 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 LAND Associates Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

132 Bougainvillen St. N.E.  
Lake Placid, Fl 33852

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

## ARTICLE IV SHARES

The number of shares of stock is: 25,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

## ARTICLE VI REGISTERED AGENT

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

James H Penland  
132 Bougainvillen St. N.E.  
Lake Placid, Fl 33852

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James H Penland  
132 Bougainvillen St. N.E.  
Lake Placid, Fl 33852

\*\*\*\*\*  
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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

FILED  
02 FEB 18 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA