## FILED Apr 24, 2003 8:00 am Secretary of State

	ACNT # -				$\overline{}$		•	of State
	MENT# P	02000050458				04-24-2	.003 90277 0	36 130.00
1. Entity Na	me							
JASON IOI	A, INC.			V	•			
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	ce of Business -I PLACE N.		Mailing Address		}			
1/410 3311	TELACE IV.		17418 35TH PLA	ACE N	1			
LOXAHATO	CHEE EL		LOXAHATCHEE			1101	13871	
33470			33470					•
2. Principal	Place of Business	3	3. Mailing Address			4.1	· · · · ·	
Suite, Ap	t # oto		Suite, Apt. #, etc.			DO NOT M/DI	ITE IN THIS OR	- CF
Suite, Ap	t. <del>11</del> , 610.		Suite, Apr. #, etc.		1	DO NOT WAY	ITE IN THIS SPA	ICE
City & State			City & State			4. FEI Number Applied For		
7in	- Count	<u> </u>	Zip	T Country	75	5-3056222		Not Applicab
Zip	Count	'y	Zip	Country	5.	. Certificate of Status Desire	ed □ \$8.75	Additional equired
6	Name and Addre	ss of Current Ro	egistered Agent		7Na	me and Address of New		
				Nam	ne			
					ON IOIA	<u> </u>		
						(P.O. Box Number is Not A	Acceptable)	
				174	18 35TH F	PLACE N.		
				1				
				City			F- 1	Zip Code
				(LO)	KAHATCH	EE,	FL	33470
8. The above	e named entity sub	mils this stateme	ent for the purpose of	f changing its reg	istered offic	e or registered agent, or b	ooth, in the Stat	e of Florida.
SIGNATURE  9. This corp	Signature, typed or prin oration is eligible to	satisfy its		WILL THE 19 \$160:0	σ : : : : : :	signature required when reinstati		20/03
SIGNATURE  9. This corp	Signature, typed or prin	nised name of registere c satisfy its nent and elects	FILENO	VIII FEE IS \$150.0 2000:Fee Will be \$1	0 550,00	signature required when reinstation 10. Election Campaign For Trust Fund Contribution	Financing \$	5.00 May Be Added to Fees
9. This corp Intangible to do so.	Signature, typed or prin oration is eligible to Tax filing requirem (See criteria on bac	nised name of registere c satisfy its nent and elects	FILE NOV Arter MAY 1, 2 Make Check Paya	VIII FEE IS \$150.0 2000:Fee Will be \$1	0 550:00 it of State	10. Election Campaign I	Financing \$	Added to Fees
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