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Division of Corporations

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# Florida Department of State

HUB

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : HUBCO

Account Number: 104662003400 : (516)935-3940 : (516)935-3088 Fax Number

# FLORIDA PROFIT CORPORATION OR P.A.

JMS Solutions Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03 (4)
Estimated Charge	\$78.75

### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

# JMS Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

JMS Solutions Inc.

430 Pine Bluff Trail Ormand Beach, FL 32174

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

600,000 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alinda Free 430 Pine Bluff Trail Ormond Beach, FL 32174

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940

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# ARTICLES V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Scott.M. White 430 Pine Bluff Trail Ormond Beach, FL 32174

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

15th day of July 2002.

Scort M. White - Signature

SIGNATURE

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	JMS Solutions Inc.	<u>,</u>		
2. The name and address of the regist	ered agent and office is:			
	Alinda Free			
,	Name	_		
	430 Pine Bluff Trail			
	(P.O. Box or Mail Drop Box NOT Acceptable)	~ ~		
	Ormond Beach, FL 32174			
	(City / State / Zip)			
corporation at the place designate agent and agree to act in this capa	agent and to accept service of process for the above stated d in this certificate, I hereby accept the appointment as reg city. I further agree to comply with the provisions of all th e performance of my duties, and am familiar with and acc	ristered e statute		
obligations of my position as regist	tered agent.	SECRETA	02 JUL 1	
		RY OF S	6 PM 3:	
10.6		TATE ORIDA	1:27	
- Minda The	07-15-2002			
Alinda Tree	(Date)			