TRANSMITTAL LETTER Dept. of Corporations

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

SUBJECT:	JOJORU GROUP INC	-	-
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed is an origina	l and one(1) copy of the article	SOO	-08/12/0201044009 *****78.75 *****78.75
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	**S of the of potential and a second	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: PAMELA TROYER Name (Printed or typed)			
1569 SHADOW RIDGE CIR Address SARASOTA FL 34240			
SARASOTA FL 34240 City, State & Zip 941-378-4171			
941-378-4171 Daytime Telephone number			

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

8/500

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

The name of the corporation shall be:

JOJORU GROUP INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2364 CHEROKEE ST NORTH PORT FL 34286

PURPOSE *ARTICLE III*

The purpose for which the corporation is organized is:

FOR THE PURPOSE OF TRANSACTING ANY OR ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARES OF \$0.01 PAR VALUE COMMON STOCK.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JEFFREY WATSON 2364 CHEROKEE ST NORTH PORT FL 34286

LOU ANN 2364_CHEROKEE ST NORTH PORT FL 34286

REGISTERED AGENT

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

PAMELA TROYER 1569 SHADOW RIDGE CIR SARASOTA FL 34240_

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JEFFREY WATSON 2364 CHEROKEE ST NORTH PORT FL 34286

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