POQCOOIO2180

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

Subject:	Jazzy, (Propo	Inc. sed corporate r	name -must include suff	1000 -0: ix)	O755 8/11/02- ***122.5	76 010 10 *	了 <u>【</u> 17— ****	——8 006 78.75	
Enclosed is	an original and one (1) copy of the a	rticles of incorporation a	and a check fo	r:				
	\$ Filing I	70.00 Fee	\$78.75 Filing Fee & Certificate						-
Çe	X \$1 Filing Fee & Certified Copy	22.50	Filing Fee Certified Copy &Certificate	\$131.25				AMERICA SERVICES	=
	Additional copy re	quired				•	-	·	-
FROM:	Richa	d D. Beli			¥j.ga.				78.5
	Name (printed or typed)							-	
	3670 U S 1 South, Suite 290 Address			SEC	S 20	-	t. z	3	
	St. Au	gustine, FI 320	86			SEP 23		- ·-	
	City/State/Zip				- Jane 1			. ــنــــــــــــــــــــــــــــــــــ	
	(904) 797-6660				∰ 9.		7, -		
	Daytime Telephone number				-		. 3.		

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



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 23, 2002

RICHARD D. BELL 3670 U S 1 SOUTH, SUITE 290 ST. AUGUSTINE, FL 32086

SUBJECT: JAZZY, INC.

Ref. Number: W02000026659

YOUR ARTICLES FOR THE ABOVE CORPORATION IS BEING HELD IN MY PENDING FILE AS YOU REQUESTED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Ingram Document Specialist New Filing Section

Letter Number: 902A00052527

ARTICLES OF INCORPORATION

FILED

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.

02 SEP 23. AM 9: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Jazzy, Inc.

ARTICLE II PRINCIPAL OFFICE

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

811 Mickler Blvd. St. Augustine, FL 32080

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Shawn B. Rowe 811 Mickler Blvd. St. Augustine, FL 32080

ARTICLE V. INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation:

> Donovan, Bell & Assoc., CPA's, PA 3670 U S 1 South, Suite 290 St Augustine, FL 32086

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President:

Shawn B. Rowe

811 Mickler Blvd.

St. Augustine, FL 32080

The Unders	signed Incorpo	rator(s) has (have) executed t	hese Articles of I	Incorporation this				
10	_ day of	September	2002		· <u>.</u>	. अत्यक्षिकुत्तः ते क्षाः स्ट		
	(An additional article must be added if an effective date is requested)							
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Notarization is not required

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/registered agent, in the state of Florida.

1.	The name of the Corporation is:	02 TALI	
	Jazzy, Inc.	_\C\\ \S \\ \S \	mg-
2.	The name and address of the registered agent and office is:	23 ASSE	AND THE REAL PROPERTY.
	Shawn B. Rowe		Ž
	(Name)	SIA LOR	لتبويدة
	811 Mickler Blvd.	9: 4.1 STATE LORIDA	
	(P.O. Box NOT acceptable)		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

(City/State/Zip)

9/10/02

Date

St. Augustine, FL 32080

REGISTERED AGENT FILING FEE: \$35.00