Po2000/33745

| (Re | questor's Name) | | | |
|---|-------------------|------------|--|--|
| (Address) | | | | |
| bA) | dress) | | | |
| (Cit | y/State/Zip/Phone | <i>≠</i>) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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TRANSMITTAL LETTER

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

| SUBJECT: JB | ENTERPRISES OF TITU | SVILLE, INC. | |
|----------------------|----------------------------------|-------------------------------|-------------------|
| | (PROPOSED CORPORA | ATE NAMÉ – <u>MUST INCL</u> I | DE SUFFIX |
| | | | |
| | | | |
| | | | |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | i a check for: |
| | - | | |
| \$70.00 | \$78.75 | □ \$78.75 | XX \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | ** |
| | | | & Certificate of |
| | | ADDITIONAL CO | Status |
| | | ADDITIONAL CO | IT I REQUIRED |
| | | • | .* |
| FROM: B | ABETTE P. BURKE AND | JAMES H. BURKE | II |
| JB ENTE | RPRISES OF TITUS VIL | (Printed or typed) | |
| | 2227 77777 67 | • | |
| | 3337 KYZER ST | Address | |
| | | Address | |
| | | | |
| | MIMS FL 32754 | | |
| | City | , State & Zip | |
| | (321)268_3674 | - ' | |

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

Daytime Telephone number



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:

JB ENTERPRISES OF TITUSVILLE, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3337 KYZER ST MIMS FL 32754

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES AND SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JAMES H. BURKE, II - PRESIDENT, SECRETARY & TREASURER BABETTE P. BURKE - VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JAMES H. BURKE, II 3337 KYZER ST MIMS FL 32754

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BABETTE P. BURKE AND JAMES H. BURKE, II 3337 KYZER ST MIMS FL 32754

ARTICLE VIII EFFECTIVE DATE

JANUARY 1, 2003

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

12-18-00 Data

Date

Signature/Incorporator

James H Bula

12-18-02

Date