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(Requestor's Name)			
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Cupaint instructions to	Ciling Officer		
Special Instructions to Filing Officer:			
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VII 33

TRANSMITTAL LETTER

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

SUBJECT: JUST CORPORAT	S Inc.	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Piling Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: Sherrie L. J. Name (Printed or typed)			
1901 S. Magnolia Dr.				
Tallahussee City, S	File & Zip . 32	301_		
		and the second second		

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

` د	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
•	ARTICLE I NAME The name of the corporation shall be:	03 JAN 23 PM 4:1
==	Just Cops, Inc.	SECRETARY OF STA TALLAHASSEE. FLOR
_	ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
	1901 5 - Magnolia Dr. Tallahassee F1. 32301 The purpose for which the corporation is organized is:	·
	For Profit	
	ARTICLE IV SHARES The number of shares of stock is:	. • •
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
	The name(s), address(es) and title(s):	
	Sherrie L. Jackson President	
	1901 S. Magnolia Dr.	
	Tallahassee F1.32301	
	ARTICLE VI REGISTERED AGENT	•
	The name and Florida street address of the registered agent is:	
	Sherrie L. Jackson	• • •
-	1901. S. Magnolia Dr. Tallahassee 77. 32301	
	ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
	Sherrie L. Jackson	
	1901 S. Magnolia Dr. Tallahaseet 17.32301	
	and the second of the second o	******
	Having been named as registered agent to accept service of process for the above stated corporation at the p certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	lace designated in this
:	Maria Deceleral	14 ~
	LUVUT C- FACISINI	102
	Signature/Registered Agent Det	e 1119
	Signiffication	fu —