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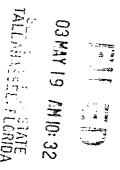
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificat		es of Status			
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Special Instructions to	Filing Officer:				

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TRANSMITTAL LETTER

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

SUBJECT:	JASON	MONSIGNORE		and the second s	g San	
	~	(Proposed corporate name - must include suffix)				
Enclosed is an o	original an	d one(1) copy of	the articles	of incorporation and a	check for :	_
\$70. Filing F		☐ \$78.75 Filing Fee & Certifica	te	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
				ADDITIONAL CO	OPY REQUIRED	_
FRO	DM:	JASON MONS	IGNORE			
		Name (Printed or typed)				
		4170 S. PINE ISLAND ROAD				
			Ac	idress		
•		DAVIE, FL	33328		}	
		City, State & Zip				
•		954-474-90	000			
		ephone number				

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

JASON MONSIGNORE ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4170 S. PINE ISLAND ROAD DAVIE, FL 33328

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 Florida street address of the initial registered agent are:

JASON MONSIGNORE 4170 S. PINE ISLAND ROAD DAVIE, FL 33328

ARTICLE V INCORPORATOR

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

JASON MONSIGNORE 4170 S. PINE ISLAND DAVIE, FL 33328

> 5-15-03 Date

-

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date