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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

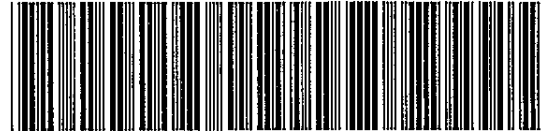
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FALL ARIZONA

9/10/9

TRANSMITTAL LETTER

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

SUBJECT: JESSALY PRODUCTS INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Barbara Almeida
Name (Printed or typed)

16454 N.W. 12 Street
Address

Pembroke Pines, Fl. 33028
City, State & Zip

305-545-6600
Daytime Telephone number

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

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:

Jessaly Products Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

16454 N.W. 12 Street
Pembroke Pines, Fl. 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Barbara Almeida
16454 NW 12 Street
Pembroke Pines, Fl. 33028

President

ARTICLE VI REGISTERED AGENT

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

Barbara Almeida
16454 NW 12 Street
Pembroke Pines, Fl. 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Almeida
16454 NW 12 Street
Pembroke Pines, Fl. 33028

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

Barbara Almeida

Signature/Registered Agent

10-1-03

Date

Barbara Almeida

Signature/Incorporator

10-1-03

Date

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TALLAHASSEE, FLORIDA