| (Requestor's Name) | | |
|---|---------------------|----------------|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| (iddioso) | | |
| | | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Business Entity Name) | | |
| (Bu | isiness citity Name | 5) |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| | | |
| Special Instructions to Filing Officer: | | |
| | | ŀ |
| | | |
| | | |
| | | |
| | | |
| | | ŀ |
| | | |
| | | |

Office Use Only



300023825693

10/21/03--01001--005 **70.00

DIVISION OF CORPURATION SALE SEASON STATE SALE SALE FLORIDA 03 OCT 20 PH 3-51 03 OCT 20 PM 1:41

CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** TRICIA TADLOCK DATE: <u>10-20-03</u> **REF. #:** 000805.20483 CORP. NAME: JCA INTERNATIONAL, INC. (XX) ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () TRADEMARK/SERVICE MARK () ANNUAL REPORT () FICTITIOUS NAME () LIMITED LIABILITY () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () MERGER () WITHDRAWAL () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 506539 FOR \$ 70.00. **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____ PLEASE RETURN: (XX) PLAIN STAMPED COPY_ () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING () CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF INCORPORATION

JCA INTERNATIONAL, INC.

That undersigned incorporator hereby forms a corporation under Chapter of the State of Florida. 607 of the laws of the State of Florida.

ARTICLE I - Name:

The name of the corporation is JCA INTERNATIONAL, INC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the corporation:

> 14348 SW 115 Terrace Miami, Florida 33186

ARTICLE III - Nature of Business

The corporation may engage or transact in any lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE IV – Capital Stock

The maximum number of shares of stock that this professional association is authorized to have outstanding at any one time is 10,000 shares of common stock having \$.01 par value per share.

ARTICLE V – Registered Agent

The name of the initial registered agent and street address of the initial registered office of the professional association is:

> Humberto Fasano 10127 SW 117 Ct. Miami, FL 33186

ARTICLE VI – Duration:

The period of duration for the corporation shall be perpetual.

ARTICLE VII - Incorporator

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

Humberto Fasano 10127 SW 117 Ct. Miami, FL 33186

Numberto Fasano

ACCEPTANCE OF REGISTERED AGENT DESIGNATION

I am an individual, over the age of 18, and I am a resident of the State of Florida. My business address is 10127 SW 117 Ct, Miami, Florida 33186, and is identical to the registered office designated by the professional association. Having been designated as Registered Agent in the above and foregoing Articles, I am familiar with and accept the obligations of the position of Registered Agent under the Florida Statutes.

ľumberto Fasano

(Date)