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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			
Special Instructions to Filing Officer:			
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03 NOV -7 PM 1: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA



TRANSMITTAL LETTER

Department of State		•			
Division of Corporation	·S	= '-			
P.O. Box 6327		• •			
Tallahassee, FL 32314	1				
SUBJECT:	JOUR AMER	SICA. COM	INC		
	(Proposed corporate name	- must include suffix)			
	·	,			
Enclosed is an original a	nd one (1) copy of the a	irticles of incorporation	n and a check for:		
⊡ \$70.00	⁻ ⊡ \$78.75	בי \$78.75	□ \$87.50		
	****		I		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate	& Certified Copy	Certified Copy		
			& Certificate		
	/ ADDITIONAL COPY REQUIRED				
FROM:	JOHN HUMMI	EU W			
Name (Printed of typed)					
862 CYPRESS TRACE BUD					
Address					
	TABAON SASTINGS, FL 34688				
City, State & Zip					
•••-	127 442-2018				
Daytime Telephone number					

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

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ARTICLES OF INCORPORATIONAL AHASSEE FLORIDA
1. The name of the corporation shall be: Tous AMEBICA. Confirm
2. The principal place of business and mailing address of the corporation is: 186 NE. UEVELAND ST. UEARWATER, PC 33755
3. The corporation shall have the authority to issue /000,000 shares of stock.
4. The registered agent of the corporation is <u>lotter</u> Hummer <u>N</u> and the registered street address is <u>862 Cypless CARES BUD TAMPON FORES</u> Florida <u>3/688</u> .
5. The initial Board of Directory shall have member(s) whose name(s) and address(es) is/are as follows: TOHN HUMMELL TO ABRON SPICIALS IN 34683
The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case he less than one.
6. The incorporator of this corporation is
Fe 34688 -
Dated
Incorporator
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 ir. this capacity. I further agree to comply with the provisions
of all statutes relating to the proper and complete performance of my duties, and am familiar
with and accept the obligations of my position as registered agent.
Dated
Registered Agent
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