P04000043410

(Reque	estor's Name)			
(Addre	ss)			
(Addre	ss)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Cer <u>tificates</u>	of Status		
Special Instructions to Fili	ng Officer:			





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2/10

TRANSMITTAL LETTER

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

SUBJECT:	JEO Uni	inited Er	herprisc	
Enclosed are an orig	rinal and one (1) copy of the arti	icles of incorporation and	a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Odette n Name	Deding (Printed or typed)		
West Palm Beach Florida 33412				
	561-784-	9290 Telephone number		

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME	01.440	
The name of the corporation shall be:	04 MAR -3	
JEO Unlimited Enterprises, INC.	SECRETARY FALLAHASSE	OF STATE E, FLORIDA
ARTICLE II PRINCIPAL OFFICE		•
The principal place of business/mailing address is: 11581 68th Street N		
West Palm Beach, Florida 33412		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		. **
Professional Corporation		
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):		
Ude He Medina - Lice President		
Ode He Medina - Lice President Javier Medina - President Javier Medina - President		· · · · · · · · · · · · · · · · · · ·
11581 68th St. N, WPB, 7L 33412		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address of the registered agent is:		
Odelle Medina 11581 68th St. N		
WestPalmBeach, FL 33412		
ARTICLE VII INCORPORATOR		*
The name and address of the Incorporator is:		
Odelle Medina 11581 68th Street N		
West Palm Beach A 33412		
**************************************	*********** uco dosimatod in	t h ic
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	/	21147
Mederi 2/18,	104	
Signature/Registered Agent Date	,	
Valto Medina 2/18/	04	
Signature/Incorporator Date	1	