# A65000039384

(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE DIVISION OF MAR 15 AM 8: 10

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### TRANSMILLALLELLER

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

SUBJECT:	JMG., INC.		
<del></del>	•	TE NAME — <u>MUST INCL</u>	
Enclosed are an original \$70.00 Filing Fee	ginal and one (1) copy of the art  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Sangette Y. Manager	• • •	
	DRIANDO FL	32603 , State & Zip	
	407 898 27 Daytime	148 Telephone number	·

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



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 2, 2005

SANYETTE Y. MCKEE 719 SPRINGVIEW DR ORLANDO, FL 32803

SUBJECT: JMG., INC.

Ref. Number: W05000010752

We have received your document for JMG., INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown Document Specialist New Filings Section

Letter Number: 805A00014504

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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:				

FILED DIVISION OF CORDURATION

05 MAR 15 AM 8: 10

JMG., Inc. JMG of Central Florida, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

719 Springview Drive, Orlando, FL 32803

### <u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

Customer Service and Mail order

The number of shares of stock is:

## INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Sangette Y. McKee-719 Springview Dr. Orlando, FL 32803 - President Jordan A. McKee-Gordon-719 Springview Dr. Orlando, FL 32803 - C.O.O. KATHIEEN D. McKee-719 springview Br, Orlando, FL 3283- C.E.O.

### REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SAnnette Y. Mckee 719 Springulan Br ORIGINALO, FL 32803

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAnyette Y. Mckee 719 Springulius Dr Orlando, FL 32803

Having been numed 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

Signature/Registered/Agent Signature/Incorporator