

CAPITAL CONNECTION

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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 1200000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

JAMDONN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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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:
JAMDONN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
7555 VIA LURIA
LAKEWORTH, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
200 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):
JAMES BARROWES
DONNA BARROWES
7555 VIA LURIA
LAKEWORTH, FL 33467

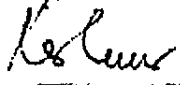
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
DENNIS LOWE
7740 NW 29 STREET
MARGATE, FL 33063

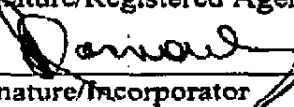
ARTICLE VII INCORPORATOR

The name and address of the incorporator is:
JAMES BARROWES
7555 VIA LURIA
LAKEWORTH, FL 33467

Having been 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

5/24/05
Date


Signature/Incorporator

05/24/05
Date

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