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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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## TRANSMITTAL LETTER

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

Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	theck for :	
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Name (Pr 3220 HAVER	ATHURIN inted or typed)  2HILL RD  Address		
,	(561) 57772	State & Zip  7 Selephone number	1 3341	

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

## ARTICLES OF INCCRPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JUSANA INCORPORA

- <del> </del>		
ARTICLE II	PRINCIPAL	OFFICE

The principal place of business and mailing address of this corporation shall be:

915 RYAN RD, W. PALM BEACH

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

\$10,000

## INITIAL REGISTERED AGENT AND STR

The name and Florida street, address of the initial registered agent are:

TUSLENG MATHURIN

3220 HAVERHILL RD, APT B 202, W. PALM BEACH

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: #1 33417

JUSLENG MATHURIN 

08-25-05

(An additional article must be added if an effective date is requested)

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 in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Justine Mathuria

Signature/Registered Agent