# Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

# FLORIDA PROFIT/NON PROFIT CORPORATION

JM JM Styles Inc.

Certificate of Status	0
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# ARTICLES OF INCORPORATION

	of	
JM' JM	Styles Inc.	· · · · · · · · · · · · · · · · · · ·
(neme	of corporation)	
The undersigned subscriber(s) to these Articles of Incorporation under the laws of the State of Florida.	octation, natural person(s) competent to o	contract, hereby form a
ARTICLE I	CORPORATE NAME	
The name of the corporation is:	1 Styles Inc.	
ARTICU	E II - DURATION	SES SES
This corporation shall exist perpetually unless dissolved	according to Florida law.	JAN 31 PM
ARTICI	E IN - PURPOSE	13 ± 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10
The corporation is organized for the purpose of engaging United States and the State of Florida.	; in any activities or business permitted u	nder the laws of the
ARTICLE	V. CAPITAL STOCK	,
The corporation is authorized to issue to \( \frac{\frac{1}{12}}{12} \)	charact to lat 708	<b>/</b> > ·
Dollar(s) (\$) per value Common Stoc		
ARTICLE V - INITIAL RE	GISTERED OFFICE AND AGENT	
The street address of the Initial Registered Agent office	and the name of the Initial Registered Ag	ent at that office is:
NAME MPTIESS TOURSAIDT		
ADDRESS 7441 We NASSYA	Drive	·
CITY WILKPUMS	FLORIDA	z1P33023
The principal office, if known, or the mailing address of	the corporation is:	
NAME METERS TOLIFICATI	7	
ADDRESS 2441 W. NASSA	DTW	
low Wicanos		2200

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### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have OP (	_) directors initially. The number of di- but shall never be less than one (1). The				
NAME MOTIONS TOUSSAINT					
ADDRESS 2441 W- NASSOU	DRIVE				
CITY MIKAMAR	STATE FLORIDA	zir33023			
NAME					
ADDRESS					
מוץ	STATE	ZIP			
NAME					
ADDRESS	<u> </u>				
CITY	STATE	ZIP			
		<del></del>			

## ARTICLE VI I - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

**************************************		
NAME JEDON L. GAC	helin.	
ADDRESS 1112 NE 110# SH	meet	
cm MAMI	STATE FLORICA	zırBlul
NAME JODI Permudez		
ADDRESS 170 EAST 510	th Street	
env HTAICAh	STATE TLORIDA	ZIP 33017
NAME MICHELE NELSOO		
ADDRESS 2441 WOST NACEN	L Drive	
CITY MIKAMAR	STATE PLOETOS	zw33123

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 24

(Stal)

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(5cal)

# CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

(name of gorporation)			•
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation  at	TALL SHE SEE FIGHT.	06.JAN31 PM 1:23	FILED
has named	— in		
this state.			

### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

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Thirmen Stanil P.O.