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(Re	questor's Name)	
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SECRETARY OF STATE

MP3/31

COVER LETTER

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

SUBJECT: JC INVESTMENT GROUP USA INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
☐ \$70.00	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: JOHN CONDE	(Printed or typed)	
3956 TOWN CENTER	BLVD #300	
	Address	
ORLANDO, FL 32837 City,	State & Zip	<u>. </u>
407-816-6009 Daytime T	elephone number	

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

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:

JC INVESTMENT GROUP USA INC.

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3956 TOWN CENTER BLVD #300 ORLANDO, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

This corporation is authorized to issue ten thousand (\$10,000.00) shares of common stock at one dollar (\$1.00) par value, which shall be designated as "Common Shares"

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President

John Conde

3956 Town Center Blvd #300

Orlando, FL 32837

ARTICLE VI REGISTERED AGENT

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

Timothy Doyle

3956 Town Center Blvd #300

Orlando, FL 32837

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

John Conde

3956 Town Center Blvd #300

Orlando, FL 32837

Having been named 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

Date

| Columbia | Columbia