

PO8000093778 p.1

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

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From: Account Name : CSH SERVICES, LLC  
Account Number : I20070003160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

008A00054134

FLORIDA PROFIT/NON PROFIT CORPORATION

JASI, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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T. Burch OCT 17 2008

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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:

JASI, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2508 SKIF DRIVE  
ORLANDO, FLORIDA 32812

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT  
CAMILLE PUJOLS  
2508 SKIF DRIVE  
ORLANDO, FLORIDA 32812

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H.08000237736-3

71-08000237736-3

PAGE 2 JASI, INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

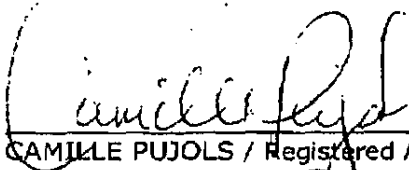
CAMILLE PUJOLS  
2508 SKIF DRIVE  
ORLANDO, FLORIDA 32812

**ARTICLE VII INCORPORATOR**

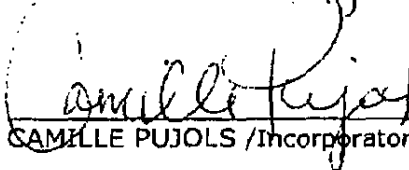
The name and Florida street address of the incorporator is:

CAMILLE PUJOLS  
2508 SKIF DRIVE  
ORLANDO, FLORIDA 32812

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.

  
\_\_\_\_\_  
CAMILLE PUJOLS / Registered Agent

10/16/08  
Date

  
\_\_\_\_\_  
CAMILLE PUJOLS / Incorporator

10/16/08  
Date

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