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COVER LETTER

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

SUBJECT: J. ADLIN	(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the art	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: <u>CY</u>	NTHIA M. SIMMONS Nam	e (Printed or typed)	
-	1588 TIMBER TRACE DR.	Address	-
<u>:</u>	ST. AUGUSTINE, FL 32092 Cit	y, State & Zip	
:	407-967-7602 Daytime	Telephone 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:

J. ADLINE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1588 TIMBER TRACE DR. ST. AUGUSTINE, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): CYNTHIA M. SIMMONS - PRESIDENT 1588 TIMBER TRACE DR. ST. AUGUSTINE, FL 32092

ARTICLE VI REGISTERED AGENT

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

CYNTHIA M. SIMMONS 1588 TIMBER TRACE DR. ST. AUGUSTINE, FL 32092

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: CYNTHIA M. SIMMONS 1588 TIMBER TRACE DR.

ST. AUGUSTINE, FL 32092

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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			
anthia M. Snumons	02/02/2009		
Cianatura/Dagistarad Agant	Date		

M CA NA MA &

02/02/2009 Date

Signature/Incorporator