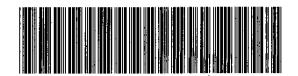


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

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

SUBJECT: J KB Construction and Company, INC.		
(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 \$78.75	\$78.75	\$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
Continuate of Salus	oo oo aanaa oopy	& Certificate of
		Status
	ADDITIONAL CO	PY REQUIRED
FROM: Kimberly Crews		
Name	(Printed or typed)	
No 0 1/21		
HO 1512 454		
A	ddress	
100 - 110 -1		
Maylacha, FL 3	39 <u>9</u> 3	
City, S	State & Zip	
23G 109-10012		
Davtime Te	elephone number	

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)				
•	,			
The name of the corporation shall be:				
	ナルケ			
JKR Construction and Company,	IWC.			
ARTICLE II PRINCIPAL OFFICE	mailie			
The principal street address and mailing address, if different is:	O a HELD			
9500 REDWOOD DR.	1004421			
Stalances City, FL 33956	mailing POBY454 Maylacha, Flagger 33993			
ARTICLE III PURPOSE	55943			
The purpose for which the corporation is organized is:				
Partice in an Comment				
Professional Corporation	물설 ㅎ .			
ARTICLE IV SHARES				
The number of shares of stock is:	養る			
100	第二 第二 E			
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	The state of the s			
List name(s) address(es) and specific title(s):				
Kimberly Crews President Secretary a Trea	20 CO			
ARTICLE VI REGISTERED AGENT	Surer			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:				
Kimberly Crews				
2500 PRIMOND DR.				
8500 lebwood DR. StJames City, FL 33956				
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Kimbeely Crews				
8500 REDUCCIÓ DR.				
Sturmes City IPL 33956				
**************************************	**************			
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				
X/1, 1, 1, 1, 1, 1				
Tully	2/24/10			
Signature/Registered Agent	/ Date			
nimberly Crews	2/24/10			
J Signature/Incorporator	Date			