P1000085318

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip	(Phone #)			
PICK-UP WA	IT MAIL			
(Business Enti	ty Name)			
(Document Number)				
	•			
Certified Copies Certi	ficates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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08/23/10--01006--010 **78.75



MRD, 10/19

111-29908

COVER LETTER

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

SUBJECT:	_{ECT:} JyaDe, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation ar	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL C	OPY REQUIRED
FROM:	Yvon	ne Brooks ne (Printed or typed)	
	ivan	ie (Frinted or typed)	
_	1237 Crir	<u>nson Clover Lane</u> ^{Address})
	Wooley (Shanol El 22542	
	City	Chapel FL 33543 7, State & Zip	
	(813)	-907-5683 Telephone number	
	E-mail address: (to be us	28@verizon.net ed for future annual repor	t notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2010

YVONNE BROOKS 1237 CRIMSON CLOVER LANE WESLEY CHAPEL, FL 33543

SUBJECT: JAYDE INC.

Ref. Number: W10000039908

We have received your document for JAYDE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 910A00020286



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME JyaDe, Inc. rporation shall be:	SECRETARY OF STA TALLAHASSEE FLOR
		ANOSEL FLOR
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
	1237 Crimson Clover Lane	Maining address, it different is.
-	Wesley Chapel, FL 33543	
_	Vesley Chaper, 11. 35343	
ADDIOLE III	DUDDOGE	
The purpose for w	hich the corporation is organized is:	
Serving the c	ommunity of Wesley Chanel and s	surrounding communities with services of
Hair Care and		directioning communities with solvices of
ARTICLE IV	SHARES	
The number of shar		
	INITIAL OFFICERS AND/OR DIRECT	
Name and Ti		ficer Name and Title:
Address:	1237 Crimson Clover Lane	
	Wesley Chapel FL 33543	
Name and Ti	tle:	Name and Title:
Address:		Address:
Name and Ti	tle:	Name and Title:
Address:		
		
ARTICLE VI	REGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Yvonne Brooks	
Address:	1237 Crimson Clover Lane	
	Wesley Chapel FL 33543	
ARTICLE VII	INCORPORATOR	
The <u>name and add</u>	Iress of the Incorporator is:	
Name:	Yvonne Brooks	<u></u>
Address:	1237 Crimson Clover Lane	
	Wesley Chapel FL 33543	
Having been name	ed as registered agent to accept service of pro	ocess for the above stated corporation at the place designated in
this certificate, I ar	n familiar with and accept the appointment as	registered agent and agree to act in this capacity
:/	$\mathcal{D} \leftarrow \mathcal{D} \leftarrow \mathcal{D}$	
worne	Groots / Kigistned	Azing 10/10/10
	Required Signature/Registered Agent	Date
 Submit this does	ment and affirm that the facts stated baroin	are true. I am aware that the false information submitted in
	epartment of State constitutes a third degree for	
/		
Russone	Brooke)/Incomentos	(n lin lin
// ` · · · · · · · · · · · · · · · · · ·	Required Signature/Incorporator	- / / Date