P18880182385

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

Office Use Only



200188790702

12/20/10--01008--010 **78.75



MRD/21

COVER LETTER

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

SUBJECT: JS Walls Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
	ADDITIONAL C	————
FROM: <u>Jesus Ruben Martinez</u>		
Name	e (Printed or typed)	
3275 S. John Young Par	rkway., Suite#21	9
3275 S. John Young Par	rkway., Suite#21! ^{Address}	9
Kissimmee, Florida 347	7 46	9
Kissimmee, Florida 347		9
<u>Kissimmee, Florida 347</u> City, 407-666-5640	746 State & Zip	9
<u>Kissimmee, Florida 347</u> City, 407-666-5640	State & Zip Celephone number	

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

ARTICLES OF INCORPORATION

for the form

	In compliance with Chapter 6	07 and/or Chapter 621, F.S. (Profit) 10 DEC 20 PM 2: 43
	BIA SET	10 DEC 20 PM 2: 1 2
The name of the o	NAME JS Walls Inc. orporation shall be:	SECT
		SECRETARY OF STATE FALL AHASSEF FLORIDA
ARTICLE II	PRINCIPAL OFFICE	MANUEL FLORIDA
	Principal <u>street</u> address 2097 Wild Oak Ct.	Mailing address, if different is: 3275 S. John Young Parkway. Suite#219
	Kissimmee, FL 34746	Kissimmee, FL 34746
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:	EFFECTIVE DATE 1/1/11
		sacted by this corporation is to engage in any and/o
all business	permitted under the laws of the s ty, Territory or Nation.	tate of Florida of the United States or any other
ARTICLE IV The number of sh	SHARES ares of stock is: 1,000	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS
		ent Name and Title:
Address:	3275 S. John Young Parkway., Suite	#219. Address:
	Kissimmee, FL 34746	
		Name and Title:
Address:	3275 S. John Young Parkway. Suit	e#219 Address:
	Kissimmee, FL 34746	
Name and ' Address:	Title:	Name and Title:
Address:		
ADTICI E 1/I	REGISTERED AGENT	
	orida street address (P.O. Box NOT accepta	able) of the registered agent is:
Name:	Jesus Ruben Martinez	
Address:	2097 Wild Oak Ct	
	Kissimmee, Fl 34746	
ARTICLE VII	INCORPORATOR	
The name and ac	dress of the Incorporator is:	
Name:	Jesus Ruben Martinez	
Address:	3275 S. John Young Parkway , St. Kissimmee, FL 34746	ite#219
	•	
		process for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
ims certificate, 1	1 1 1 3	us registered agent and agree to act in this capacity
		$\frac{12 - 16 - 10}{\text{Date}}$
	Required Signature/Registered Age	nt Date
I submit this das	umant and affirm that the feets stated be-	in are true I am aware that the false information cubmitted in a
	ument and ajjirm that the jacts stated here Department of State constitutes a third degree	rin are true. I am aware that the false information submitted in a effective growth of the for in s.817.155, F.S.
1	11/	,
//		12-16-10
110	Required Signature/Incorporator	Date

ARTICLE VIII Effective Date

Effective Date, if other than date of filing: _____ January 1, 2011

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

Required Signature/Registered Agent

12-16-10 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

2 - 16 - 10 Date

