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

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S. Styles JAN, 3, 1 SUM

COVER LETTER

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

SUBJECT: JV Operations, Inc.		
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED	
FROM: Law Office of Ralph P. Rich	(Printed or typed)	
12561 Allendale Circle	2011 JAN 28 SECRE FARY ALLAHASSE	
FORT MYERS FL 33912	JTT	
City, S	State & Zip	
239-246-3793 Daytime Te	State & Zip	r#
richardesq78@comcast.ne	et for future annual report notification)	

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)

4 *	in comphance with Chapter 607 and	Joi Chapter 021, F.S. (1101t)	
ARTICLE I	YAME JV Operations, Inc.		
The name of the corp	poration shall be:		
A DODGE ET 1	DENOIDAL OFFICE		
ARTICLE II	PRINCIPAL OFFICE	Moiling add	roos if different is:
4.4	Principal <u>street</u> address 064 SHIMMERING LAKE CT	Maning add	ress, if different is:
	ORT MYERS FL 33907		
<u> </u>	MI WITERS FE 33901		
_			
ARTICLE III P	URPOSE		
The nurnose for whi	ich the corporation is organized is:		
Any and all lav	vful business.		
•			
ARTICLE IV	<u>SHARES</u>		
The number of share	s of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>ss</u>	
	e:John D. Vogt, President	_ Name and Title:	
Address:	14064 Shimmering Lake Court	Address:	······
	FORT MYERS FL 33907		
Name and Titl	e:	Name and Title:	
Address:	C	Address:	
Address.			
			
Name and Titl	e:	Name and Title:	
Address:		Address:	
	REGISTERED AGENT		≥≋ ⊆ ~~
	ida street address (P.O. Box NOT acceptable) o	of the registered agent is:	ARC AN
Name:	Ralph P. Richard	_	S 元 ~
Address:	12561 Allendale Circle		min ∞ (
	FORT MYERS FL 33912	_	
ADDICE DIET	WOODDOD 4 TOD		
	INCORPORATOR		e e e e e e e e e e e e e e e e e e e
	ress of the Incorporator is:		किन्तु 🖅
Name:	John D. Vogt	_	<i>p</i> > D
Address:	14064 Shimmering Lake Court FORT MYERS FL 33907	_	
	FORT WITERS FL 33307	_	
Havina haan nama	l as registered agent to accept service of proces	ss for the above stated corner	ation at the place designated in
this certificate. I am	familiar with and accept the appointment as rej	pistered agent and agree to act	in this capacity
		3	/ /
(Wage	(PA)		1/24/2011
O agon	Required Signature/Registered Agent	<u> </u>	1/4/2011 Data
v	Required Signature/Registered Agent		Date
I submit this door	nent and affirm that the facts stated herein are	e true. I am aware that the fa	alse information submitted in a
document to the De-	partment of State constitutes a third degree felor	ny as provided for in s.817.155.	F.S.
accoment to the De		1	·
	John D. 11 stall		1-24-201
	Required Signature/Incorporator	<u>-</u>	Date
	redamen Signature/incorborazor		Date