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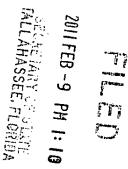
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## **COVER LETTER**

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

SUBJECT: JCIM, INC.	
(PROPOSED CORPORA	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:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50  Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
·	
FROM: Rose Traub	e (Printed or typed)
2613 Chester Ave	
A	Address Zo 2
New Smyrna Beach, FL	State & Zip
386-846-3429	
Daytime 16	'elephone number
jcim.rose@yahoo.com E-mail address: (to be used	d 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)

The name of the co						
ARTICLE II	PRINCIPAL OFFICE		Mailing address, if different is:			
a	Principal <u>street</u> address  O Aqua Ct,		Mailing addre	ss, if differe	nt is:	
	ew Smyrna Beach FL 32168	<del></del>	· • • • · · · · · · · · · · · · · · · ·	•		
	hich the corporation is organized is:					
	rvice business, calling people in n MPALION SERVICE	eea. To cneck	ın, remind,	omer rea	ssurar	ice.
	res of stock is: 100					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT Itle: Marianne Chapin- Director 3 90 Aqua Ct.	NORS)	. D T	<b>.</b> Di	4	23//2
Name and Ti	1le: Marianne Chapin- Director 3 90 Aqua Ct.	3.73 Name and Tit	le:Rose Trai 2613 Che	ub- Direc	<u>ior</u>	<u> </u>
Address:	New Smyrna Beach FL 32168		New Smy			
Name and Ti	tle: Desiree Culver-Director 33	Name and Tit	le:	<u> </u>		
Address: 402 N. Riverside Dr	402 N. Riverside Dr	Address:				
	New Smyrna Beach FL 32168					
Name and Ti	tle:	Name and Tit	le:			
Address:		Address:	<del></del>			<del></del>
				<del>- 2</del> 5	2	
				20-51:	<u> </u>	انستاها
	REGISTERED AGENT			E T	ΕË	
	rida street address (P.O. Box NOT acceptabl		gent is:	SS	t	Sections:
Name:	Rose Traub- Director			<u>₩</u> =	9	) 
Address:	2613 Chester Ave			1 * 1 (2) 	PH	
	New Smyrna Beach, FL 32168	<b></b>				
ARTICLE VII	INCORPORATOR				<u></u>	
	Iress of the Incorporator is:			>	മ	
Name:	Rose Traub					-
Address:	2613 Chester Ave New Smyrna Beach, FL 32168	3				
Having been name	ed as registered agent to accept service of pr	ocess for the above :	stated corporat	ion at the p	lace des	ignated in
his certificate, I de	n familiar with and accept the appointment as	s registered agent an	d agree to act is	n this cupac	ity	
	72			1/19	/201	<u>/</u>
	Required Signature/Registered Agent			<del>-/-/-/</del>	Date	
I submit this docu document to the Di	ment and affirm that the facts stated herein spartment of State constitutes a third degree f	are true. I am awa elony as provided foi	re that the fals r in s.817.155, i	se informati F.S.	ion subn	nitted in a
1 2	72			Lice	100	
				<i>[][1]</i>	1001	
	Required Signature/Incorporator			1	· Date	