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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

COVER LETTER

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

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HORS UDAR SUBJECT: MUST INCLUDE SUFFIX)

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Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
|---|---|
| FROM: Joan Taylo Name 1407 St. Gabrie | (Printed or typed) (Printed or typed) (Phildress |
| 954.381. | State & Zip 9090 elephone number MMAL. LOW 1 for future annual report notification) |

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

| | F INCORPORATION 507 and/or Chapter 621, F.S. (Profit) |
|---|--|
| ARTICLE I NAME The name of the corporation shall be: JTaylok | 's Gonemet, INC. |
| ARTICLE II PRINCIPAL OFFICE Principal street address, 1447 St. Jubyle/le. L H3313/ | Mailing address, if different is: |
| ARTICLE III PURPOSE The parpose for which the corporation is organized is: Ving busideds in the | state of Florida. |
| ARTICLE IV SHARES The number of shares of stock is: /DD | |
| ARTICLE V INITIAL OFFICERS, AND/OR DIRE Name and Title: <u>TOOAL</u> /OL/OF, (EO Address: ADTS-GODAIE/EAD ULLATOD /L 333 | HAPT St GADLIEL |
| Name and Title: | Meston, H 33326 Name and Title: Address: |
| Name and Title: | Name and Title: Address: |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accepta Name: Address: A | |
| ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Name: Address: Addresde Addresde Address: Addresde Addre | 4351.3 |
| this certificate, I am familiar with and accept the appointment | 2/22/11 |
| Required Signature/Registered Agen | |

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