## P110000021146

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Chuty Name)
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700197233637

03/14/11--01037--015 \*\*78.75

MARILL AN OLG



## **COVER LETTER**

Department of State

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

SUBJECT: CKNCJ INTERNATION	IAL INC.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
	ADDITIONAL CO	OPY REQUIRED
	•	
FROM: CYRIL G. JERVIS Name	(Printed or typed)	
6265 NW 201ST LANE	Address	
HIALEAH, FL 33015 City,	State & Zip	·
224-730-0925  Daytime T	elephone number	
cj@ckncjinternational.co E-mail address: (to be used	m If 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)

ND/OR DIRECTO 5 - V.PRESIDEN	BUSINESS FOR STATE OF THE Address:	OR WHICH	A CORPORA	ATION
nnized is: R ALL LAWFUL ND/OR DIRECTO S - V.PRESIDEN	BUSINESS F	OR WHICH	A CORPORA	ATION
nized is: R ALL LAWFUL ND/OR DIRECTO S - V.PRESIDEN	BUSINESS F	OR WHICH	A CORPORA	ATION
ND/OR DIRECTO - V.PRESIDEN ANE	<u>ORS</u> NT Name and Title Address:	e:CRAIG R. I P.O. BOX (	KEMP - PRE: CR1067	
ND/OR DIRECTO - V.PRESIDEN ANE	<u>ORS</u> NT Name and Title Address:	e:CRAIG R. I P.O. BOX (	KEMP - PRE: CR1067	
<i>ND/OR DIRECTO</i> - V.PRESIDEN ANE	<u>ORS</u> NT Name and Title Address:	e:CRAIG R. I P.O. BOX (	KEMP - PRE: CR1067	
- V.PRESIDEN ANE	Name and Title Address:	P.O. BOX (	CR1067	SIDEN
- V.PRESIDEN ANE	Name and Title Address:	P.O. BOX (	CR1067	SIDEN
- V.PRESIDEN ANE	Name and Title Address:	P.O. BOX (	CR1067	SIDEN
- V.PRESIDEN ANE	Name and Title Address:	P.O. BOX (	CR1067	SIDEN
- V.PRESIDEN ANE	Name and Title Address:	P.O. BOX (	CR1067	SIDEN
ANE	Address:	P.O. BOX (	CR1067	SIDEN
15		NASSALLE		
			SANAIVIAS	
	Name and Title	e·		
	Address:	c		
_	Name and Title	e:		
	Address:			
			-ten	<b>.</b>
[ ox NOT accentable)	of the registered ago	ent is:		
S		OIN 10.		E
LANE			175	
015			***	
				<u> </u>
			444	င္မာ
S			7.1	Z.F
LANE	<u>-</u> .		~. * ·	)
015	<u>.                                    </u>			
econt somico of neoc	cess for the above s	tated cornoratio	n at the place de	sionate
	)		00/00/0044	
TOUV	1	Ĺ		
/Kegistered Agent			Date	
acts stated herein a	are true. I am awar	e that the false	information sub	mitted i
4200	ノ			
~ \ U Z\ .II I Z V			03/08/2011	
	NOT acceptable LANE 015  LANE 015  cept service of prohe appointment as a proposition of the acceptance of the appointment as a constant of the acceptance o	Name and Titl Address:  Dox NOT acceptable) of the registered age LANE 015  LANE 015  Cept service of process for the above so the appointment as registered agent and acceptable agent are true. I am awar	Name and Title: Address:  Dox NOT acceptable) of the registered agent is:  LANE 015  Call Service of process for the above stated corporation the appointment as registered agent and agree to act in the acts stated herein are true. I am aware that the false	Name and Title: Address:  Dox NOT acceptable) of the registered agent is:  LANE 015  LANE 015  Coept service of process for the above stated corporation at the place de the appointment as registered agent and agree to act in this capacity  03/08/2011