## P1100031785

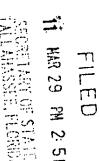
(Requestor's Name)				
(Address)				
-	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT [	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Sta	atus		
Special Instructions to Filing Officer:				

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 MAR 29 AM 10: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 3, 2011

JASON DYKES 680 ROARING DR #350 ALTAMONTE SPRINGS, FL 32714

SUBJECT: JAYDE BUILDING TO MANAGEMENT SOLUTIONS CORP.

Ref. Number: W11000012328

We have received your document for JAYDE BUILDING TO MANAGEMENT SOLUTIONS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 011A00005308

## **COVER LETTER**

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

SUBJECT: Jay De Building & Management Solutions Corp. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Jason Dikes
	Name (Printed or typed)
	680 Boaring Drive # 350 Address
	Address
	Altamonte Springs FL. 32714 Cily, State & Zip
	Cify, State & Zip
	U07-401-0100 Daytime Telephone number
	E-mail address: (to be used 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)

_	Principal street address	Mailing	Mailing address, if different is:	
	10 Boaring Drive #350 Utamente Springs Jourda 32714			
RTICLE III PU	<u>RPOSE</u>			
ne purpose for why	h the corporation is organized is: $Corcluc f_i$	ng business in th	he construction to bu	
in files		,		
DOTOL IN THE CO	77 A 77 PAG			
ne number of shares	HARES of stock is: 100			
	•		and the state	
RTICLE V IN Name and Title	ITTIAL OFFICERS AND/OR DIRECTOI			
Address:	680 Booring Prive # 350	Address:	Control of the contro	
	Altamonte Springs FL. 327/4		25 P =	
			88 8 5	
Name and Title		Name and Title:		
Address:				
		<del></del>		
Name and Title		Name and Title:		
		Address:		
		<del></del>		
		MI quantitative properties of the party o		
	<u>EGISTERED AGENT</u> a street address (P.Q. Box NOT acceptable) o	f the registered easest is:		
Name:	JASCO DYKO	t the registered ageness.		
Address:	680 Boaring Drive #350	-		
	Altemonte Springs Fl 327	114		
RTICLE VII IN	CORPORATOR			
	s of the Incorporator is:			
Name:	JASON Lykes	_		
Address:	680 Reacing Drive + 350 Altemonte Strings FL 3271	ū		
	7113000112 7117	_7	•	
	is registered agent to accept service of proces			
is certificate, 1 am fo	imiliar with and accept the appointment as reg	istered agent and agree to	o act in this capacity	
4	CV		2/22/11	
	Required Signature/Registered Agent	<del></del>	Date	
( /			Date	
Submit this docume	nt and affirm that the facts stated herein are rtment of State constitutes a third degree felon	true. I am aware that the	he false information submitted in t	
ситецью те пера	incin of some constitutes a thira aegree felon	y as proviaed for in 8.817.	.133, F.S.	
h) ser (	Required Signature/Incorporator		2-22-11	
			/ / C/C / /	