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COVER LETTER

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

SUBJECT: EJH, INC.	
(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 \$78.75	
Filing Fee Filing Fee, Filing Fee,	
& Certificate of Status & Certified Copy Certified Copy	
& Certificate of	
Status ADDITIONAL COPY REQUIRED	
ADDITIONAL COFF REQUIRED	
EDOM Donna Kasahak	
FROM: Donna Kaschok Name (Printed or typed)	
• • •	
2682 NE 34th Court	
2682 NE 34th Court Address Address	. H
	AND
Lighthouse Point, FL 33064	i Linangeraj
City, State & Zip	, ř. j
	į
561-441-4396 <u>***</u> 😩	
Daytime Telephone number	
d	
donnakash@aol.com 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)

ARTICLE I The name of the corp	VAME EJH, INC.		
66	PRINCIPAL OFFICE Principal street address 84 Brookhurst Circle ke Worth, FL 33463-7345	Mailing 	address, if different is:
for any or all la	URPOSE ch the corporation is organized is: wful business for which a corpor perate as an auto consulting serv		ated under Florida law and
The number of shares	SHARES s of stock is: 100,000 shares having \$1. time and in such manner as NITIAL OFFICERS AND/OR DIRECT e: Edward J Hance-President 6684 Brookhurst Circle	the Board of Directors marches Name and Title: Address:	y designate.
Name and Title Address:	Lake Worth, FL 33463-7345 Donna Kaschok-Vice President 2862 NE 34th Court Lighthouse Point, FL 33483	Name and Title:Address:	
Name and Title Address:	e:		20
<u> </u>	da street address (P.O. Box NOT acceptable Donna Kaschok 2862 NE 34th Court Lighthouse Point, FL 33064	e) of the registered agent is:	JUN 14 PH
	NCORPORATOR ess of the Incorporator is: Donna Kaschok 2862 NE 34th Court Lighthouse Point, FL 33064		2:30
	as registered agent to accept service of profamiliar with and accept the appointment as		
_ WOULL	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein artment of State constitutes a third degree for		e false information submitted in a 155, F.S.
	Required Signature/Incorporator		Date