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FLORIDA PROFIT/NON PROFIT CORPORATION

Just Bounce Inc.

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$78.75	

12 JAN 20 AM IO: 40
SECRETARY OF STATE

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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Just Bounce Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2717 Eleanor Way Wellington, FL 33414

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Lisa Liebman 2717 Eleanor Way Wellington, FL 33414



Prepared By: Bruce B. Hubbard 77 East John St. Hickeville, New York 11801 1-516-935-3940

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## ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(cs) and title(s) to these Articles of Incorporation is(are);

Lisa Liebman - President/Director 2717 Eleanor Way, Wellington, FL 33414

# ARTICLE VI INCORPORATOR(S)

The name(s) and street address(cs) of the incorporator(s) to these Articles of Incorporation is(are):

Lisa Liebman 2717 Eleanor Way, Wellington, FL 33414 TECHTASSEE, FLORIDA

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17th day of January 20 12

Lisa Liebman Signature 1. The name of the corporation is: Just Bounce inc.

SIGNATURE

H12000017411

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	lust Bounce Inc.	
	<del>d</del>	
	•	12 12 1
		20 02 M
2. The name and address of the registe	red agent and office is:	POPO A
		16 1 1 C
	Lisa Liebman	K. C. 10
	Nama	70, 12
	149077	97,0
	2717 Eleanor Way	Qr.
	(P.O. Box or Mail Drop Box NOT Acceptable)	y
	Wellington, FL 33414	
	(City / State / Zip)	
Having been named as registered a	gent and to accept service of process for the above stated	
corporation at the place designated	in this certificate, I hereby accept the appointment as registered	
agent and agree to act in this capac	ity. I fiather agree to comply with the provisions of all the statutes	ı
relating to the proper and complete	performance of my duties, and am familiar with and accept the	
obligations of my position as registe	•	
	•	
	•	
	•	

01/17/2012

(Date)