## P1200027094

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
	,				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
	<b>3</b>				
		-			
L					

Office Use Only



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SECRETÁRY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

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

SUBJECT:	Jayd Global Ventures, Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an or \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status  **Certificate of Status**  **ADDITIONAL COPY REQUIRED**				
FROM: _	Donna F. Dague  Name (Printed or typed)	<del></del>			
	A	S AIC			
	2 MAR 19				
<del></del>	386-756-2727  Daytime Telephone number	10 :1 Wd	ED 7 OF STAT CRPORATI		
	JaydVentures@gmail.com E-mail address: (to be used for future annual report notification)	+-	SKG		

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 NAME The name of the corporation shall be:.		s, Inc.	FILED SCUNLTARY OF STATE MVIST NOF CORPORATION		
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		Mailing address, if Afficial 149	PM 1: 04	
	840 Little Town Rd.		n, delados - madris militario.		
	Port Orange, FL 32127				
ARTICLE III	PURPOSE				
	which the corporation is organized is: e of the corporation is to conduct an	y lawful purpose	or purposes.		
ARTICLE IV					
	nares of stock is: 100				
	INITIAL OFFICERS AND/OR DIRECT Title: Donna F. Dague, President				
Address:	840 Little Town Rd.	Address:			
riddress.	Port Orange, FL 32127				
		<del></del>			
Name and	Title:	Name and Title:			
Address:		Address:			
Name and	Title:	Name and Title			
Address:		Address:			
				<del> </del>	
	REGISTERED AGENT		. •		
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptable		it is:		
Address:	Donna F. Dague 840 Little Town Rd	<del></del>			
Addiess.	Port Orange, FL 32127				
	~				
RTICLE VII					
	ddress of the Incorporator is:				
Name: Address:	Donna F. Dague 840 Little Town Rd.	<del></del>			
riduress.	Port Orange, FL 32127	<del></del>			
	med as registered agent to accept service of pro am familiar with and accept the appointment as	ocess for the above sta		signated in	
Som	ma I Same.		03-15	- 12	
	Required Signature/Registered Agent		03 - 13 - Date		
	cument and affirm that the facts stated herein Department of State constitutes a third degree fo			mitted in a	
	•	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
So	nna Flague Required Signature/Incorporator		<u>03-15</u>	-12	
	Required Signature/Incorporator		Date		