

**Electronic Articles of Incorporation  
For**

P12000050179  
FILED  
May 31, 2012  
Sec. Of State  
jshivers

JAZZYBEES INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

JAZZYBEES INC

**Article II**

The principal place of business address:

15701 SW 297TH STREEST  
LEISURE CITY, FL. US 33033

The mailing address of the corporation is:

PO BOX 248419  
CORAL GABLES, FL. US 33124

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

200

**Article V**

The name and Florida street address of the registered agent is:

STEPHANIE MICHAUD  
15701 SW 297TH STREET  
LEISURE CITY, FL. 33033

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: STEPHANIE MICHAUD

## Article VI

The name and address of the incorporator is:

STEPHANIE MICHAUD  
PO BOX 248419

CORAL GABLES, FL 33124

Electronic Signature of Incorporator: STEPHANIE MICHAUD

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: CEO  
STEPHANIE MICHAUD  
PO BOX 248419  
CORAL GABLES, FL. 33124 US

Title: P  
GLENAE LEE  
PO BOX 248419  
CORAL GABLES, FL. 33124 US

Title: VP  
GLENESA LEE  
PO BOX 248419  
CORAL GABLES, FL. 33124 US

## Article VIII

The effective date for this corporation shall be:

06/04/2012