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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>-</u>
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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TALLAHASSEE, FLORIDA

N 06/26/12

EFFECTIVE DATE 06/21/12

COVER LETTER

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

SUBJECT: JMN Sales Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	JI I REQUIRED
FROM: JMN Sales Inc.	(Printed or typed)	
11533 Glenmont Dr.		
A	Address	
Tampa, FL 33635 City,	State & Zip	
813-545-2318 Daytime To	elephone number	
jmnsales@hotmail.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)

The name of the corp	JMN Sales Incoration shall be:	;		
11	RINCIPAL OFFICE Principal street address 533 Glenmont Dr. mpa, FL 33635		Mailing address, if different is:	
Do business in	ch the corporation is organized is: Hillsborough County, uninco	•		
ARTICLE V I	of stock is: 100,000 NITIAL OFFICERS AND/OR DIS	CEO Name and T Address:	itle: Jared Nelson, Vice Preside 11533 Glenmont Dr. Tampa, FL 33635	
Name and Title Address:	:Nicole Nelson, Vice Preside 11533 Glenmont Dr. Tampa, FL 33635	Address:	itle:Megan Nelson, Vice Presi 11533 Glenmont Dr. Tampa, FL 33635	
Name and Title Address:	:	A 3.3	itle:	
ARTICLE VI R	EGISTERED AGENT			
	a street address (P.O. Box NOT acce	eptable) of the registered	agent is:	
Name: Address:	Carolyn Nelson 11533 Glenmont Dr. Tampa, FL 33635			tagen des be to the statement type transfer fr
ARTICLE VII I	NCORPORATOR		<u> </u>	,
`	ss of the Incorporator is:		The second secon	
Name:	Carolyn Nelson		<u>ე</u> "	Upmenian U
Address:	11533 Glenmont Dr. Tampa, FL 33635			* 4.*
this certificate, I am	as registered agent to accept service and liar with and accept the appointm		stated corporation at the place design nd agree to act in this capacity	nated in
(Olio	m My		6/22/2012	
	Required Signature/Registered A	_	Date	
I submit this docume	Int and affirm that the facts stated h urtment of State constitutes a thirt deg	erein are true. I am aw	are that the false information submit	ted in a
weament to the trep	rimeni oj siaie constitutes a intra deg	1	// 11 5.01/.133, F.S. .	
	Required Signature/Incorpora	S tor	6/20/2	012
	/ required Dignature monipora	**************************************	Date	

EFFECTIVE DATE 06/21/12