P12000071664

(Requestor's Name)	_				
, , ,					
(Address)	_				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
	_				
(Document Number)					
Certified Copies Certificates of Status					
	-				
Special Instructions to Filing Officer:	7				
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Office Use Only



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SEGRETARY OF STATE
SEGRETARY OF STATE

MRA 8/21/10

COVER LETTER

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

SUBJECT: JT GLOBAL	ENTERPE	RISES, INC.					
(PRO	POSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one	(1) copy of the artic	cles of incorporation and a check for:					
Filing Fee & Certific	ate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED					
FROM: JAMES SMITH							
	Name	(Printed or typed)					
	226 PINE	GLEN COURT					
	A P	GLEN COURT					
ENGLEWOOD, FL 34223 City, State & Zip							
1	City,	State & Zip					
	941-4	157-5016					
941-457-5016 Daytime Telephone number							
	TRAVELE	R4@MF 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 compli	ance with Chapter 607 and	d/or Chapter 621, F.S. (Prot	" FILED
ARTICLE I No.	AME jration shall be:	GLOBAL ENTERF	·	12 AUG 20 AM 11 2
ARTICLE II PI	RINCIPAL OFFI	CE:		TAPECHETARY OF STATE ddress, it differences E. FLORIDA
	Principal street		Mailing a	ddress, it differencise F
	PINE GLEN C	OURT		- LOKIUA
	GLEWOOD	<u> </u>		
F <u>L</u> _	34223	11 1		
ARTICLE III PU	RPOSE			
The purpose for which TO CONDUCT			NDER FLORIDA COF	RPORATE LAW.
		1		
ARTICLE IV SI The number of shares of		3440)		
		S AND/OR DIRECTOR	<u>se</u>	•
	JAMES SMITH			
		N COURT	Address:	
,	ENGLEWOOD]!		
•	FL 34223	<u>:</u> !		
Name and Title:		il	Name and Title:	
Address:		[]	Address:	
		!		
		<u> </u>	- —	
Name and Title:		1	Name and Title:	
Address:			Address:	
		!} :		
		11 .		
ARTICLE VI RE	GISTERED AG	rwr Ewr		
		O. Box NOT acceptable) o	of the registered agent is:	
Name:		gistered Agent, LLC		
Address:	3030 N. Roc	ky Point Dr. STE 150)A	
	Tampa, FL 3	3607	-	
ARTICLE VII IN	CORPORATOR	,		
The name and address		or is:		
Name:	JAMES SMIT	1 4	<u>-</u>	
Address:	226 PINE GL			
	ENGLEWOO	D, FL 34223	-	
Having been named at this certificate, I am fa	as registered agent amiliar with and ac	to accept service of proces cept the appointment as reg	ss for the above stated corpo gistered agent and agree to a	oration at the place designated in act in this capacity
Min		Dan K	een-Manager	08-14-2012
9/1	Required Sign	ature/Registered Agent		Date
V	rodanon pigit	- Aregion of Agent		· Law
document to the Depar	rtment of State con	stitutes a third degree felor	e true. I am aware that the ny as provided for in s.817.13	false information submitted in a 55, F.S.
Oremes 5	Smith	gnature/Incorporator		8/12/12
- Janes	Required Si	gnature/Incorporator		Date
	-			

Certificate of Acknowledgement

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12 AUG 20 解 II: 34

SECRETARY OF STATE

State of FLORIDA County of SARASOTA

personally appeared,

on August 17,2012

, before me, _

Kathleen A.

(notany)

E. Smith

(signers)

- o personally known to me -- OR --
- proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

Kathleen A. Butler

KATHLEEN A. BUTLER
MY COMMISSION # EE 159296
EXPIRES: January 12, 2016
Bonded Thru Pichard Insurance Agency