

P120000072546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

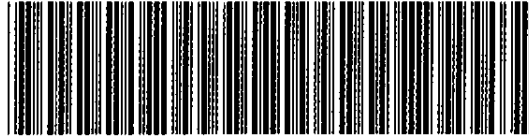
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
SACRAMENTO, CALIFORNIA

8/27

A handwritten signature or initials, possibly 'JP', located at the bottom right of the page.

COVER LETTER

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

SUBJECT: JAK IMAGING CORPORATION

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JOE ATICK

Name (Printed or typed)

2275 N.W. 84TH AVENUE

Address

DORAL, FLORIDA 33122-1519

City, State & Zip

(305) 406-2700

Daytime Telephone number

joeatick@jaacx.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)

ARTICLE I NAME JAK IMAGING CORPORATION
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2275 N.W. 84TH AVENUE
DORAL, FL 33122-1519
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
WHOLESALE, EXPORT AND GENERAL COMMERCIAL OPERATIONS

ARTICLE IV SHARES
The number of shares of stock is ONE HUNDRED(100) COMMON SHARES, \$1 PAR VALUE EACH.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>JOE ATICK, P/S/D</u>	Name and Title: _____
Address: <u>2275 N.W. 84TH AVENUE</u>	Address: _____
<u>DORAL, FL 33122-1519</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: JOE ATICK
Address: 2275 N.W. 84TH AVENUE
DORAL, FL 33122-1519

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: JOE ATICK
Address: 2275 N.W. 84TH AVENUE
DORAL, FL 33122-1519

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X _____ AUGUST 20, 2012
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

X _____ AUGUST 20, 2012
Required Signature/Incorporator Date

12 AUG 22 AM 8:10