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|---|
| (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: |
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Office Use Only



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12 NOV -5 PH 3: 4: SECRETARY OF STATE

11/06/12

COVER LETTER

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

| SUBJECT: | J.S. Capital In | VESTORS IN TENAME-MUSTINCLI | C. |
|-----------------------|---|---|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCLI</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the arti | cles of incorporation and | l a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | | | |
| FROM: | John. F. Hotte | (Printed or typed) | |
| | 3600 N. Federa | L. Highway, a | 3rd Floor |
| | Ft. Lauderdale City, | FL 333C State & Zip | <u>8</u> |
| | (954) 390 - OLC Daytime T | elephone number | · · · · · · · · · · · · · · · · · · · |
| | jhotte @ Pauzamir E-mail address: (to be use | AURCIR. COM d for future annual report i | 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)

| | PRINCIPAL OFFICE | | |
|---|---|---------------------------------|--|
| | Principal street address | | Mailing address, if different is: |
| 97 | 7 De La Dauphine | _ | |
| St | Colomban Quebec | _ | |
| | ANADA J5K0A2 | - | |
| ARTICLE III P | TIRPOSE | | |
| | ich the corporation is organized is: | | AS = |
| | • | DDOCEC | 12 NOV -5 SECRETARY ALLAUSSEL |
| ANY AND ALL | . LEGITIMATE BUSINESS PU | RPUSES. | |
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| DOTOLD TO | WARES | | P (|
| RTICLE IV | SHARES | | iar in the second secon |
| he number of share | s of stock is: 1000 | | $\{\cdot\}_{i=1}^m$ |
| D************************************* | INITIAL OFFICERS AND/OR DIRE | ·crope | tera. |
| | | | • - |
| Name and 110 | e: Jocelyn Roy, Vice Preside | <u>⊇⊓I</u> Name | e and Title: Sebastien Roy, Secretary |
| Address: | 97 De La Dauphine | Addre | ress: 97 De La Dauphine |
| | St Colomban Quebec | | St. Colomban, Quebec |
| | CANADA J5K0A2 | | CANADA J5K0A2 |
| Name and Titl | e:Catherine Blocha Vice Pre | sident Name | ne and Title: |
| Address: | 97 De La Dauphine | Addre | ress: |
| | St Colomban Quebec | | |
| | St. Colomban, Quebec CANADA J5K0A2 | | |
| | DAILADA BURUAZ | | |
| Name and Titl | s:Sebastien Roy, Treasure | r Name | ne and Title: |
| Address: | 97 De La Dauphine | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | St. Colomban, Quebec | | |
| | CANADA J5K0A2 | | |
| | | | |
| | REGISTERED AGENT ida street address (P.O. Box NOT accept | table) of the mari | ristand exect in |
| Name: | | | gistered agent is. |
| | John F. Hotte, Esquire | | |
| Address: | 3600 North Federal High | nway_ | |
| | Fort Lauderdale, Florida 333 | <u>UB-6225</u> | |
| RTICLE VII | INCORPORATOR | | |
| | ess of the Incorporator is: | | |
| Name: | John F. Hotte, Esquire | | |
| Address: | 2000 North Fordayal Ular | | |
| Address: | 3600 North Federal High Fort Lauderdale, Florida 333 | way_ | |
| | For Lauderdale, Florida 333 | <u>U6-622</u> 5 | |
| | d as registered agent to accept service of | neocass for the | ne above stated corporation at the place designated |
| Iovina haan nama | | | |
| | | d ac societored a | ugent und agree to act in into capacity |
| | familiar with and accept the appointmen | at as registered a | |
| | | at as registered a _l | 0 |
| | fumiliar with and accept the appointmen | | October 25, 2012 |
| | | | October 25, 2012 |
| his certificate, 1 am | familiar with and accept the appointment | ent | Date |
| his certificate, t am | familiar with and accept the appointmen Required Signature/Registered Agenent and affirm that the facts stated her | ent rein are true. I a | Date I am aware that the false information submitted i |
| submit this docum | familiar with and accept the appointment | ent rein are true. I a | Date I am aware that the false information submitted i |
| submit this docum | familiar with and accept the appointmen Required Signature/Registered Agenent and affirm that the facts stated her | ent rein are true. I a | Date I am aware that the false information submitted i |