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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

9080307

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

JPS GROUP INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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TALLAHASSEE, FLORIDA

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H14000061604 3

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: JPS GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1401 BAY ROAD, APT. 306
MIAMI BEACH, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any lawful act for which a corporation may be formed under the laws of the State of Florida.

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Stolarczyk, Director
Address: 1401 BAY ROAD, APT. 306
MIAMI BEACH, FL 33139

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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H14000061604 3

H14000061604 3

(cont.)

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: Justin Stolarczyk

Address: 1401 BAY ROAD, APT. 306

MIAMI BEACH, FL 33139

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Justin Stolarczyk

Address: 1401 BAY ROAD, APT. 306

MIAMI BEACH, FL 33139

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

_____ 3/13/14

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.

_____ 3/13/14

Required Signature/Incorporator Date