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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
JUST JUMP INFLATABLES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

73572

04/30/14

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COVER LETTER

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

SUBJECT: Just Jump Inflatables, Inc.
(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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Flynn LaVrar
Name (Printed or typed)
6919 W Broward Blvd, #112
Address
Plantation, FL 33317
City, State & Zip
954-649-3919
Daytime Telephone number
slavrar@bellsouth.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Just Jump Inflatables, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 6919 W Broward Blvd, #112
Plantation, FL 33317

Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any and all business permitted under the laws of the State of Florida

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Flynn LaVrar, Pres Name and Title: _____
Address: 6919 W Broward Blvd, #112 Address: _____
Plantation, FL 33317 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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(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: Flynn LaVrar
 Address: 6901 NW 6 Street
Plantation, FL 33317

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Flynn LaVrar
 Address: 6919 W Broward Blvd, #112
Plantation, FL 33317

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

 Required Signature/Registered Agent 4/29/14
 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.817.133, F.S.

 Required Signature/Incorporator 4/29/14
 Date

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