Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA

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Phone : (305)634-3694

Fax Number : (786)409-5946

**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

Electronic Filing Menu

Corporate Filing Menu

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

\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy

& Certificate of

Status

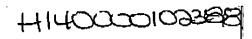
ADDITIONAL COPY REQUIRED

FROM:	Flynn LaVrar			
TICONI.	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.

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

The name of the corporat	ion shall be: Just Jump Inflatab	les, Inc.	· · · · · · · · · · · · · · · · · · ·		_
ARTICLE II PRI	NCIPAL OFFICE: Principal <u>street</u> address	,	Mailine addrage 1	if different is	
	ard Blvd, #112	•	Mailing address, i	ii dinterent 15:	<i>i</i>
	· . ·				
Plantation, FL	33317	· 			
•					
ARTICLE III PURI	he corporation is organized is:				
to engage in an	y and all business permitted	under the	aws of the	State of	Florida
	and and of said the state of the said and a said a said and a said a said and a said a				-
		<u> </u>			
Park 100 - 1				*arci	
				<u> </u>	<u> </u>
					APR
ARTICLE IV SHA The number of shares of	RES 100				3 29
The number of shares of	STOCK IS:			en a	
	TAL OFFICERS AND/OR DIRECTOR	≅		75 - 100 100 - 100 100 - 100	
Name and Title	Flynn LaVrar, Pres	Name and Title	:	2047 59411	3
Address	6919 W Broward Blvd, #112	Address.		*******	_
75 a Q1 C 34	Plantation, FL 33317	_ Mantana,			
		-			
		-	<u> </u>		
Name and Title:		Name and Title	.		
Address					
AMII OSS		_ 24001099,		····	
		-			
		-			
Name and Title:		Name and Title	,		
		-	· <u></u>		
Address		_ Address:			
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		•			



(conti.)

Name an	d Tittle:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT forlds street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Flynn LaVrar	
Address:	6901 NW 6 Street	
	Plantation, FL 33317	APR T
ARTICLE VII	INCORPORATOR	. 29 PH (I)
The name and ad	idress of the Incorporator is:	3- 2
Name:	Flynn LaVrar	\$ \frac{1}{2}
Address:	6919 W Broward Blvd, #112	
	Plantation, FL 33317	
	ned us registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated curporation at the place designated in distered agent and agree to act in this capacity
4		4/29/14
Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	true. I am aware that the fulse information submitted in a y us provided for in s.817.135, F.S.
W	, N//_	4/29/14
	Required Signature/Incorporator	Date