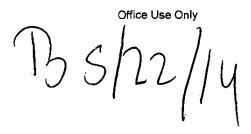
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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DIVISION OF CORPORES

COVER LETTER

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

SUBJECT:	NJM Marketing Inc
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>

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

\$70.00 \$\sumsymbol{\text{\$\e

_{ւ։} Jason McMul	lin
•••	Name (Printed or typed)
742 N 530 E	
	Address
Orem, UT 840	097
	City, State & Zip
8012212939	
Ţ	Daytime Telephone number
jmcmullin@ljc	
	(to be used for future annual report notification

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

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

The name of the corporation shall be: NJM MARKETING INC				
ARTICLE II PRINCIPAL OFFICE Principal street address 2900 NW 130TH AVE APT 130 SUNRISE, FL 33323		Mailing address, if different is: 742 N 530 E OREM UT 84097		
ARTICLE III PUR The purpose for which t NUTRITIONAL PI	POSE the corporation is organized is: RODUCTS AND SERVICES AN	ET, SELL, AND DIS D ANY OTHER BUSI	STRIBUTE NESS PURPOSES	
The number of shares of	NRES stock is: 100 FIAL OFFICERS AND/OR DIRECTO NICHOLAS J MATIKA, PRESIDENT	<u>RS</u>	DIVISION OF CHEM	
Name and Title Address	2900 NW 130TH AVE APT 130 SUNRISE FL 33323	Address:	ह. अ	
Name and Title		Name and Title:		
Name and Title: Address		Name and Title:		

	•	
Name a	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	NICHOLAS J MATIKA	
Address:	2900 NW 130TH AVE APT 130	
	SUNRISE FL 33323	kd
ARTICLE VII	INCORPORATOR	HAY SIGNA
The name and a	address of the Incorporator is:	
Name:	NICHOLAS J MATIKA	2
Address:	2900 NW 130TH AVE APT 130	£. ုိ္ ယ ျို့
	SUNRISE FL 33323	
		for the above stated corporation at the place designated in
this certificate, I	am familiar with and accept the appointment as reg	istered agent and agree to act in this capacity
flik	e Mile	નીઋ(14
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a a sprovided for in s.817.155, F.S.
	he flat	4/28/14
	Required Signature/Incorporator	Date