

1/15/2015 1:02:05 PM To: 617-6381

Division of Corporations

(1/3)

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Jamcon Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED
15 JAN 15 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 JAN 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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1-16-15

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: JAMCON INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

83 2ND ST

BONITA SPRINGS

FLORIDA 34134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SALES

FILED
15 JAN 15 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(PRESIDENT)

Name and Title: PHILIP H. STONE CFO

Name and Title: LAWRENCE THOMPSON

Address: 83 2ND ST

Address: 8282 N. 4TH ST

BONITA SPRINGS

FRESNO, CALIFORNIA 93720

FLORIDA 34134

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(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: CT Corporation System
 Address: 1200 S Pine Island Rd
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PHILIP H. STONE
 Address: 83 JANA ST
BONITA SPRINGS, FLORIDA 34134

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

Jordan Brown
 Jordan Brown, Assistant Secretary
 CT Corporation System

01/14/2015

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.817.133, F.S.

Philip H. Stone
 Required Signature/Incorporator

1-14-15
 Date