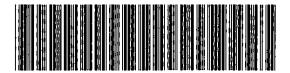
P1500023092

| (Requestor's Name) | | | | |
|-----------------------------------------|--------------|-----------|--|--|
| (Address) | | | | |
| (Add | fress) | | | |
| (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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COVER LETTER

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

| SUBJECT: JT+ | lomes LLC | JT Hom | es FLI | | |
|-----------------------------------------------|----------------------------------------------|-------------------------------------|------------------------------------------------------------|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | i 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 CO | PY REQUIRED | | |
| FROM: A | bert Jasuwan | e (Printed or typed) | | | |
| 43 | 337 14TH ST NE | | | | |
| Address | | | | | |
| Saint Petersburg, FL 33703 City, State & Zip | | | | | |
| 72 | 27-452-1961 | · | | | |
| Daytime Telephone number ajasuwan@gmail.com | | | | | |
| <u> </u> | | d for future annual report | notification) | | |

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



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FLORIDA DEPARTMENT OF STATE AND ASSECUTE OF STATE Division of Corporations LALL ARASSECUTE OF COA

February 9, 2015

ALBERT JASUWAN 4337 14TH ST NE SAINT PETERSBURG, FL 33703

SUBJECT: JT HOMES LLC Ref. Number: W15000009292

We have received your document for JT HOMES LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION CORP. COMPANY, CO., INC., and INCORPORATED.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 115A00002637

Please call my cell if there are any problems. Thank you Albert

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

| ne name of the corporat | ion shall be: JT Homes F | <u> </u> | • | | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------|-------------------|-------------------|
| | VCIPAL OFFICE Principal street address T NE | | Mailing add | dress, if differe | nt is: |
| St.Petersbur | rg, FL 33703 | Ozoi | na, FL | . 34660 | -0533 |
| | POSE ne corporation is organized is: | deling old home | s and Bu | ilding New | Homes |
| | | | | | 15 HAR |
| | | | | | 8 AH |
| | | | | | |
| | | | | | . 1 ± 6 |
| RTICLE IV SHA ne number of shares of | stock is: | | | | |
| ne number of shares of shares of shares | stock is: | ORS Name and Title | .Mathe | w Tiernar | 40 |
| ne number of shares of shares of shares of share and Title | stock is: | Name and Title | : | w Tiernan | i Mgr. |
| ne number of shares of shares of shares | rat officers and/or directs Albert Jasuwan | Name and Title | PO B | | n Mgr. |
| RTICLE V INIT Name and Title Address | Albert Jasuwan Mar 4337 14TH ST NE | Name and Title | PO B Ozon | OX 533 a, FL 3 | Mgr. 3 4660 |
| RTICLE V INIT Name and Title Address | Albert Jasuwan Mar 4337 14TH ST NE St.Petersburg, FL 33703 | Name and Title Ing C Address: Name and Title | PO B Ozon | OX 533 a, FL 3 | Mgr. 3 4660 |
| RTICLE V INIT Name and Title Address Name and Title: Address | Albert Jasuwan 1994 4337 14TH ST NE St.Petersburg, FL 33703 | Name and Title Ingr. Address: Name and Title Address: | PO B Ozon | OX 533 | Mgr. 3 4660 |
| RTICLE V INIT Name and Title Address Name and Title: Address | Albert Jasuwan Marector Albert Jasuwan Marector Albert Jasuwan Marector Albert Jasuwan Marector Albert Jasuwan St. Petersburg, FL 33703 | Name and Title Ingr. Address: Name and Title Address: Name and Title Name and Title | PO B Ozon | OX 533 | Mgr. 3 4660 |

| Name and | 1 Title: | Name and Title: |
|-------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Address | | Address: |
| | | |
| | | |
| | | |
| ARTICLE VI | REGISTERED AGENT | |
| The <u>name and Flo</u> | orida street address (P.O. Box NOT acceptable) or | f the registered agent is: |
| Name: | Albert Jasuwan | _ |
| Address: | 4337 14TH ST NE | _ |
| | St.Petersburg, FL 33703 | _ |
| ARTICLE VII | INCORPORATOR dress of the Incorporator is: | |
| Name: | Albert Jasuwan | |
| Address: | 4337 14TH ST NE | _ |
| | St.Petersburg, FL 33703 | |
| | ed as registered agent to accept service of process m familiar with and accept the appointment as reg | for the above stated corporation at the place designated in istered agent and agree to act in this capacity 1/26/15 |
| (iller | Required Signature/Registered Agent | Date |
| | , , , , , | |
| | iment and affirm that the facts stated herein are Department of State constitutes a third degree felon | true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S. |
| Clock | | 1/26/15 |
| 7 | Required Signature/Incorporator | Date |