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.

(((H15000075302 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675~5944

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 JACOB SERVICES AND REPAIR INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H15000075302

ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME: The name of the corporation is: Sprices and ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 11857 SW 208 ST MAM, FU 33177 100 ARTICLE III SHARES: The number of shares of stock is: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: INCORPORATOR: The name and address of the Incorporator is:

02/03/2033 05:48

Required Signatures:

Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, Famp familiar with and accept the appointment as registered agent and agree to act in this capacity

torod Agent

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.817.155, F.S.

Date