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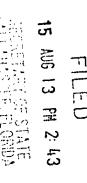
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT: JUNUSIK ONLINE ENTERORISES INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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
	& Certificate of Status	& Certified Copy	
		1	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED

FROM: Charlene Someillan Jurusik		
Name (Printed or typed)	•	
7227 County Rd 315		
Address		
Keystone Heights, FL 32656		
The state of the s	5	
City, State & Zip		
904-579-7630	SUA	77
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Daytime Telephone number	-	M
micadajo@aol.com	7	
	Ü	
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)

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Name and T	Pido:	
Address	Title: Name and T Address:	
	REGISTERED AGENT Ida street address (P.O. Box NOT acceptable) of the registered Charlene Someillan Jurusik 7227 County Rd 315 Keystone Heights, FL 32656	l agent is:
	INCORPORATOR ress of the Incorporator is:	
<u> </u>	Charlene Someillan Jurusik	
Name:	7227 County Rd 315	
Address:	Keystone Heights, FL 32656	
	d as registered agent to assent service of process for the above	
this certificate, I am	Required Signature/Registered Agent ment and affirm that the facts stated herein are true. I am averagement of State constitutes a third degree felony as provided Required Signature/Incorporator	Aug. 11 2015 Date vare that the false information submitted in