Division of Corporations Electronic Filing Cover Sheet

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	Doing so will generate another cover sheet.	<u></u>
<del>.</del>		CORE
To:		
	Division of Corporations	
	Fax Number : (850)617-6381	연구
From:		
	Account Name : FILINGS, INC.	් පිසි ව
	Account Number : 072720000101	프스 관측 전
	Phone : (850)385-6735	<u>Б</u> . н с
	Fax Number : (954)641-4192	***

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

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## FLORIDA PROFIT/NON PROFIT CORPORATION JADREF CONSULTING, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

04-05-16 Help 2

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 $= (-1) \int_{\mathbb{R}^n} \frac{dx}{dx} dx \qquad \qquad \text{where $x \in \mathbb{R}^n$ and $x \in \mathbb{R}^n$ and $x \in \mathbb{R}^n$.}$ 

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

ARTICLE I NAME

JADREF CONSULTING, INC.

The name of the corporation shall be:

TICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
ELM STREET			
LLYWOOD, PL 33	3019		· · · · · · · · · · · · · · · · · · ·
	OSE the corporation is organized is: ANY A?	nd all legal businesses	
			- Printing regular Stu
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·			ביר ביי
			E PH
	fstock is:		4: 50
TCLE V INITE  Name and Titl	AL OFFICERS AND/OR DIRECTORS  JAMES DAUFOULOS	Name and Title:	
Address	348 ELM STREET	Address:	
	HOLLYWOOD, FL 33019		
Name and Title		Name and Title:	
Address		Address:	
Name and Title	N	Name and Title:	
IANTIC SING 1 INC			

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Name and Title:		Name and Title:	
Addres	· · · · · · · · · · · · · · · · · · ·	Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT accepto JAMES DAOPOULOS	ble) of the registered agent is:	
Address:	348 ELM STREET		
	HOLLYWOOD, FL 33019		
	INCORPORATOR	SS	
The name and ad-	Iddress of the Incorporator is:  JAMES DAOPOULOS	F-10	
Namo:		FORES	
Address:	348 ELM STREET		
	HOLLYWOOD, FL 33019		
Effective date, if (If an effective days after the fine Mote: If the date	lling.)	(OPTIONAL) cannot be more than five business days prior or 90 business cable statutory filing requirements, this date will not be listed as ords.	
Having been no. this certificate, I	um familiar with and accept the appointment	ocess for the above slated corporation at the place designated in as registered agent and agree to act in this capacity	
7	Required Signature/Registered Agen		
I submit this document to the		s are true. I am aware that the false information submitted in a	
<u> </u>	Dry 1-	4-1-1C.	
Requ	ires Signature incorporator	Date	