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SECULTATION STATES INC.

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COVER LETTER

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

SUBJECT: NAJICA	ARE INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM: NA	DJIA JARRETT Name	e (Printed or typed)	
1639	90 SW 28TH COURT		
		Address	
MIR	AMAR, FL 33027		
	City,	State & Zip	
9546	6088951		
	Daytime I	elephone number	
NAI	DHAJARRETT@GMAIL.COM		
	E-mail address: (to be use	d for future annual report	notification)

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

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

ARTICLE I NAME The name of the corpora	NAJICARE INC				
ARTICLE II PRINC	CIPAL OFFICE Principal street address			Mailing address, if different i	s:
16390 sw 28TH COUR	T MIRAMAR FL 33027	_	SAME		
	OSE the corporation is organized is: LO ALL LAW	PUL	BUSIN	less	
					en de -
					;
ARTICLE IV SHAR. The number of shares of	ES 100 stock is:	***	_		अप क्षेत्र हैं
	AL OFFICERS AND/OR DIRECTO EXECUTED INADJIA JARRETT CEO		Nama and Titla	JAEL JARRETT COO	
Address	16390 SW 28TH COURT	' /		16390 SW 28TH COURT	
	MIRAMAR FL 33027	·		MIRAMAR FL 33027	
. Name and Title	JAER JARRETT CFO	1	Name and Title	:	
Address	16390 SW 28TH COURT	<i>l</i>	Address:	**************************************	
	MIRAMAR FL 33027				***************************************
Name and Title:		1	Name and Title:		····
Address		/	Address:		

Name at	nd Title:	Name and Title:	
Addres	s	Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	NADJIA JARRETT	y of the registered agent is.	
	16390 SW 28TH COURT		5 7%
Address:	MIRAMAR FL 33027		± 9 € € € € € € € € € € € € € € € € € €
			, ;
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u> Name: Address:	Iddress of the Incorporator is: NADTIH TARRET 16310 SW 28 ^{H,} COU	T RT	· 2: 46
Address.	WIRHMITH, FL 330	27.	
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and carilling.)	(OPTIONAL) nnot be more than five business days p	orior or 90 business
	e inserted in this block does not meet the applicate effective date on the Department of State's record		e will not be listed as
	med as registered agent to accept service of proc am familiar with and accept the appointment as		
	Required Signature/Registered Agent	<u>Or</u>	9/0// JEH. () Date
	cument and affirm that the facts stated herein of Department of State constitutes a third degree fe		rmation submitted in a
Requ	ired Signature/Incorporator		4/01/2014 Date