P16000050841

(Requestor's Name)				
(Address)				
(Address)				
(1.00.000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900286644659

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 175260 8070065 **AUTHORIZATION:** COST LIMIT : ORDER DATE: June 9, 2016 ORDER TIME : 12:28 PM ORDER NO. : 175260-005 CUSTOMER NO: 8070065 DOMESTIC FILING NAME: JAM HOLDCO CORPORATION EFFECTIVE DATE: XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

1201 Hays Street

COVER LETTER

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

SUBJECT: JAM HO	OLDCO CORPORATION		
<i></i>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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	PPY REQUIRED
FROM:	DY EMMELOT Nam 00 N. Bay Rd Unit 1914	e (Printed or typed)	
		Address	
Sun	ny Isles Beach, FL 33160		
	City	, State & Zip	
(85)	8) 242-7473		
	Daytime 1	Telephone number	***
rem	melot@intratablabs.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)



CO CORPORATION	10 JUN 10 PM 2: 2:
Mailing	SEÉRÉ JAKY OF STATE TALLAHASSEE FLORID, address, if different is:
ed is: to engage in any lawful activity fo	r which corporations may be
ration Act.	
	1. 0.00 - 0.00

<u>DIRECTORS</u>	
Address:	
Name and Title:	
Address:	
	······································
Address:	
	Mailing ed is:to engage in any lawful activity fo paration Act. DIRECTORS Name and Title: Address: Name and Title: Address: Name and Title:

Name a	and Title:	Name and Title:		
Addre	SS	Address:		
		_		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	a) of the registered agent is:		
Name:	Corporation Service Company	.) Of the registered agent is.		
Address:	1201 Hays Street			
	Tallahassee, FL 32301		TALL SEC	
<u>ARTICLE VII</u>	INCORPORATOR		JUN 10 PM 2: 23 CALLARY OF STATE LAHASSEE FLORIDA	
The <u>name and</u>	address of the Incorporator is:		TS 32 (1)	
Name:	Rudy Emmelot		STA STA	
Address:	16900 N. Bay Rd. Unit 1914		10 _A	
	Sunny Isles Beach, FL 33160			
Effective date, (If an effective days after the Note: If the days	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and ca filing.) the inserted in this block does not meet the applicate effective date on the Department of State's record	nnot be more than five busing the busing the busing the busing the busing the busing the business of the busin	ness days prior or 90 business	
this certificate.	amed as registered agent to accept service of pro I am familiar with and accept the appointment as			
Corporation Service Company By: Courtney		illiams, Asst. V.P.	06-10-2016	
	Required Signature/Registered Agent	<u>.</u>	Date	
	ocument and affirm that the facts stated herein e Department of State constitutes a third degree fo			
(-0			June 9, 2016	
Keq	uired Signature/Incorporator		Date	