P16000083403

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COVER LETTER

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

SUBJECT:

\$70.00 Filing Fee	Filing Fee & Certificate of Status	হিণ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Joe Nunn	asi	
	2059 Tur	(Printed or typed) Address	dow Rd
	Persocola,	Fl 305 State & Zip	514
		001	s l

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

E-mail address: (to be used for future)annual report notification)

October 6, 2016

Florida Department of State

I am currently the owner of, JJ and A Escambia, Inc. A corporation was done on 11/12/15 but at this time it is inactive and I do not plan on making active(See attached Document P15000093468). Please use the same name for the corporation we are registering. If you have any questions, please contact me at 850-281-9464 or 850-232-9899.

Regards,

Joe A, Nunnari

2016 OCT 14 PM 2: 15

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

ARTICLE I NAME The name of the corporation shall be:	d A Escamb	ich Inc
	Mailing address, if	different is:
ARTICLE III PURPOSE	-11-21	1605e2
The purpose for which the corporation is organized is:	of him Hed to	etail and
services in the	pudc	
		OCC WILL A
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ARTICLE IV SHARES The number of shares of stock is:		2: 15
Name and Title: Aha Grove	ORS OF Name and Title: De A. N	unna i
Address 2959 Turner P	neoday Secreta	ry—treas
325/4	2059	tuner meado
Name and Title:	Name and Title:	
Address		**************************************
Name and Title:		
Address		
· · · · · · · · · · · · · · · · · · ·		

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name address (P.O.	of the registered agent is:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Address: 2969 Turner M	reader pa
Pensoeda D 3	
ARTICLE VII INCORPORATOR	P
The name and address of the Incorporator is:	ر <u>کی کی ک</u>
Name: Se A- Numa	and the second s
Address: 2959 Tume M	Leading 12
Name: JOE A- Number M Address: Jensacola G	20014
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	. (OPTIONAL) not be more than five business days prior or 90 business
days after the filing.)	
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records	
Having been named as registered agent to accept service of proces	
this certificate, I am familiar with and accept the appointment as re	egisterea agent ana agree to act in this capacity
Required Signature/Registered Agent	
I submit this locument and affirm that the facts stated herein an	
document to the Department of State equisitutes a third degree felo	ony as provided for in s.817.155, F.S.
fll // //free	10-9-16

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