## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone

: (800)221-2972

Fax Number

: (888) 692-9256

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## FLORIDA PROFIT/NON PROFIT CORPORATION JML JR INC.

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Corporate Filing Menu

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DEC 0 1 2016

From:

11/30/2016 16:50

#184 P.002/003

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

ARTICLE II PRINCIPAL OFFICE Principal street address 1178 S.NOVA ROAD HOLLY HILL, FL 32117		Mailing address, if different is:	
		HOLLY HILL, FL 32117	
RTICLE III PUR he purpose for which chich corporations n	the corporation is organized is:	in any lawful act or activity fo	
			≥8. <b>16</b>
RTICLE IV SHA ne number of shares	RES of stock is:  LAL OFFICERS AND/OR DIRECTORS		NOV 30 PH 4:
			*****
Name and Ti	itle: OHN LYMN/PRESIDENT 6934 MY LADY'S WAY	Name and Title:	<u> </u>
			<u> </u>
Address	6934 MY LADY'S WAY	Address:	
Address	6934 MY LADY'S WAY WAXHAW NC 28173	Address:  Name and Title:	
Address  Name and Tit  Address	6934 MY LADY'S WAY WAXHAW NC 28173	Address:  Name and Title:  Address:	

From:

11/30/2016 16:50 #184 P.003/003

Name a	and Title:	Name and Title:
Addres	SS	Address:
	REGISTERED AGENT	
Name:	Florida atreet address (P.O. Box NOT accepts JOHN LYMN	ible) of the registered agent is:
Address:	1178 S.NOVA ROAD	<del></del>
	HOLLY HILL, FL 32117	
ARTICLE VII	INCORPORATOR	NOV
	address of the Incorporator is:	30 ASS
Name: Address:	JOHN LYMN	
	6934 MY LADY'S WAY	
	WAXHAW NC 28173	
ADTICI E VIII	EFFECTIVE DATE:	
Effective date, i	f other than the date of filing:	
(If an effective days after the f		cannot be more than five business days prior or 90 business
	te inserted in this block does not meet the appl effective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed as
	•	
Having beginning	n named us registered agent to accept service of text am familiar with and accept the appoints	of process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
	h	11/30/16
	Required Signature/Registered A	gent Date
1 subilit th	A document and affirm that the facts stated he the Peparament of State constitutes a third de	erein are true. I am aware that the false information submitted in a orec felony as provided for in s.817.155, F.S.
documberi fo	o the Department by State Constitutes a mire act	1/130/16
TE	Required Signature/Incorporator	Uaic
- 1	$\mathcal{U}$	