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**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: JJMMR, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1137 Cabot Street

Port Charlotte, FL 33953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Any and all legal business services in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000 Common, No Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sirere Likimani, President

Name and Title: \_\_\_\_\_

Address 1137 Cabot Street

Address: \_\_\_\_\_

Port Charlotte, FL 33953

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Address \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Alice Jankowski \_\_\_\_\_

Address: 1137 Cabot Street \_\_\_\_\_

Port Charlotte, FL 33953 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Sirere Likimani \_\_\_\_\_

Address: 1137 Cabot Street \_\_\_\_\_

Port Charlotte, FL 33953 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Alice Jankowski

Required Signature/Registered Agent

11/01/2017

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Sirere Likimani

Required Signature/Incorporator

11/01/2017

Date