

PI900005237

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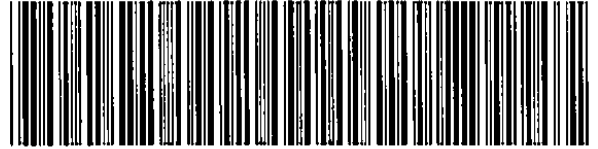
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DIVISION OF CORPORATION
19 JUL -2 AM 8:01
SENECA STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2019

JOHN S MORALES
5830 WHIPOORWILL LANE
PORT ST LUCIE, FL 34983

SUBJECT: JSM ENTERPRISES, INC.
Ref. Number: W19000053422

We have received your document for JSM ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 719A00011108

2019 JUN -2 PM 8:27

④ - ② - ①

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: JSM ENTERPRISE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5830 WHIPOORWILL LANE

PORT ST LUCIE, FL 34987

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: construction and all other legal enterprises.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN S MORALES - PRESIDENT

Address: 5830 WHIPOORWILL LANE
PORT ST LUCIE, FL 34987

Name and Title: ELIZABETH MORALES - SECRETARY

Address: 5830 WHIPOORWILL LANE
PORT ST LUCIE, FL 34987

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

STATE OF FLORIDA
DIVISION OF CORPORATIONS
19 JUL -2 AM 8:01
TALLAHASSEE, FLORIDA

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 registered agent is:

Name: ELIZABETH MORALES
Address: 5830 WHIPOORWILL LANE
PORT ST LUCIE, FL 34987

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL -2 AM 8:01
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: BRIAN ALLEN
Address: 4916 NW FITZGERALD AVENUE
PORT ST LUCIE, FL 34983

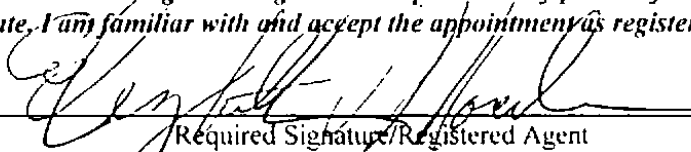
ARTICLE VIII EFFECTIVE DATE:

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 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 designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

6/5/19

Date

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



Required Signature/Incorporator

6/5/19

Date