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COVER LETTER

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

Tallanassee, FL 32314		
SUBJECT: Jynam, C S (PROPOSED CORPORA	Luxury H TE NAME - MUST INCL	OMED INC.
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: Sherica Romanno 1726 Atkam,		
Tallahassee Ti	radicss	
850-212- Daytime	670/ Telephone number	
Synamic & Zuxu E-mail address: (to be use	ry Homes in c ed for future annual report	O.G.Mail. com

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

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

726 Atkamire Dr allahassee 1/30304	/ lailing address, if different is:
210 Alkamire Dr allahassee - 1/32304	
allahassee 1/ 32304	
purpose for which the corporation is organized is:	Short term rentel
& Vacation Rentels	
1	
e number of shares of stock is: 8300 000	
TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Pre Sident SALLE HALVE Name and Title	Vice President Sherica 1720 Afternire Dr
Name and Title: Resident DAVE HALVE Address:	Vice President Sherica 1720 Afternire Dr Tallahassee F1 323
Name and Title: Resident DAVE HALVe Name and Title Address 1720 14 Kamire Dr Address:	1726 Afternire Dr Tallahassee F1 323
Name and Title: <u>Re Sident DAVE HALVe</u> Name and Title Address 1720 14Kamine Dr Address: Tellahasse \$132304	1726 Afternire Dr Tallahassee F1 323
Name and Title: Resident DAVE HALVE Name and Title Address 1726 Afkamire Dr Address: Tellahasse fl 32304 Name and Title: Name and Title	1726 Afternire Dr Tallahassee F1 323
Name and Title: Resident DAVE HALVE Name and Title Address 1720 Afkamire or Address: Tellahasse fl 32304 Name and Title: Name and Title Address Address:	1726 Afternire Dr Tallahassee F1 323
Name and Title: Resident DAVE HALVE Name and Title Address 1726 Afkamire or Address: Tellahasse fl 3230xf Name and Title: Name and Title Address Address:	1726 Afternire Dr Tallahassee #1 323

Name and Title:	Name and Title:			_
Address	Address:			
				_
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 1720 F	Recues amire Dr e F1 32304	MASSET FLORING	2819 OCT 5 PM : 29	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must filing.)	be specific and cannot be more than five days prior o			IIS.
the document's effective date on the Departm	nent of State's records.			
Having been named as registered agent to a this certificate, I am familiar with and accept	accept service of process for the above stated corporation t the appointment as registered agent and agree to act in t	this capacity		d in
Required Signatur	re/Registered Agent	10/15/1	7	_
I submit this document and affirm that the document to the Department of State constitu	facts stated herein are true. I am aware that the false in utes a third degree felony as provided for in s.817.155, F.	S.		
- F1		10/15- Date	/19	
Required Signature/Incorporator		/ Daye	/	