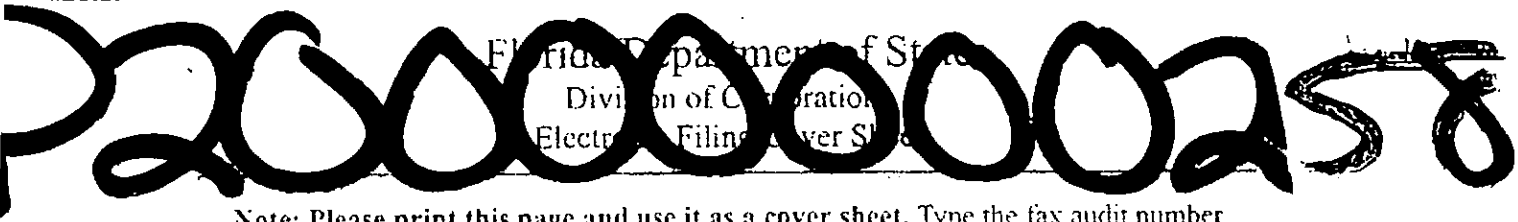


1/2/2020

Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
JDL DIGITAL TECH, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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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: JDL DIGITAL TECH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1157 HARBOR LANE

Mailing address, if different is:

GULF BREEZE, FL 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES D. LAGLE, Pres/Sec.

Address: 1157 HARBOR LANE
GULF BREEZE, FL 32563

Name and Title: MARIA VICTORIA LAGLE, V.P.

Address: 1157 HARBOR LANE
GULF BREEZE, FL 32563

Name and Title: _____

Address: _____

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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:

EDWARD JORDAN

Address:

255 ALHAMBRA CIRCLE, Suite 500
CORAL GABLES, FL. 33134**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

JAMES D. LAGLE

Address:

1157 HARBOR LANE
GULF BREEZE, FL. 32563**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing Dec. 30, 2019 (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

Required Signature/Registered Agent

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.

Required Signature/Incorporator

Date

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