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J & IMG INC.			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
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			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
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COVER LETTER

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

SUBJECT:	J& IMG INC		
	(PROPOSED CORPORA)	TE NAME – MUST INCL	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	The Law Office Name	Of Ilana to (Printed or typed)	r. Artzy PA
	19390 Collins	Aue., Ste	2 B3_
	Sunny Isle City,	S FL 33	3160
	305-733 Daytime To	clephone number	
	gulkmark(
	E-mail address: (to be used	for future annual report n	ouncation)

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)

The name of the corporation	on shall be: J \$ IMG	INC.		_	
1950 9. Ocean Hallandare	Principal street address Drive, Unit 100 Death, FL 33009	1950 Hailad	S. Occar S	erent is: Drive, Unit In, EC 3:	-10Q
	e corporation is organized is:				<u> </u>
10 cur	iduct any and all	law ful	<u>bissiness</u>	~	<u> </u>
				OZ HAY 2	
				S PH 12:	
ADTYCK C.Y. C.Y. ADD				50 50	
ARTICLE IV SHARE The number of shares of s		_ 			
ARTICLE V INITIAL	A A D CONS	President			
Name and Title:	Medzanun Gulkarov 950 S. Ocean Dri, Vnit	Name and Title:_ \Address:			
					
Name and Title:		Name and Title:_	<u>.</u>		_
Address		Address: _		
-		 			-
Name and Title:_		Name and Title:_			_
Address _		Address: _			 -
-		_ -			_

Name 2	nd Title:	Name and Title:	
Addre	s	Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Medzanun Gulka	rov	202 SE
Address:	1950 S. Ocean Dri Hallandale Beach, X	ve Unit 100	MAY 26
	Hallandale Beach, F	-133609	~ ~ · · · · · · · · · · · · · · · · · ·
<u>ARTICLE VII</u>	INCORPORATOR		OF STAIC
The name and	address of the Incorporator is:	Li	
Name:	Medzanun Uul	Karov	, ,
Address:	1950 S. Ocean Hallandale Bead	Drive until	X.
	Hallandale Bead	h, FL 33009	
	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)	
	date is listed, the date must be specific and		
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the document's	effective date on the Department of State's re	ecords.	
	med as registered agent to accept service of pr familiar with and accept the appointment as r		
	Required Signature/Registered Age		5/25/2
X Med			