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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JKORMAN27@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
JKAM FURNITURE REPS INC

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

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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: JKAM FURNITURE REPS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
12703 DEL CORSO LOOP
BRADENTON, FL 34211

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL OR LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1,500 AT NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAN KORMAN - PREISDENT/DIRECTOR

Name and Title: ALBERT MITRANI - VP/DIRECTOR

Address: 12703 DEL CORSO LOOP
BRADENTON, FL 34211

Address: 6365 COLLINS AVENUE #4308
MIAMI BEACH, FL 33141

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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: JAN KORMAN
 Address: 12703 DEL CORSO LOOP
BRADENTON, FL 34211

2022 DEC -5 AM 8:14:3
 TALLAHASSEE, FLORIDA
 DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

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

Name: JAN KORMAN
 Address: 12703 DEL CORSO LOOP
BRADENTON, FL 34211

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

DocuSigned by:
JAN KORMAN
 Required Signature/Registered Agent

DECEMBER 5, 2022
 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.

DocuSigned by:
JAN KORMAN
 Required Signature/Incorporator

DECEMBER 5, 2022
 Date