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(Requ	estor's Name))
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(City/S	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	03/21/2024	_	
Name:	Patrice Rus	<u>h</u>	
Reference #:	230439	03	
Entity Name:	J	ORYAN VENTURES, INC.	
✓ Article	s of Incorporation/A	uthorization to Transact Business	3
Amen	dment		
Chang	ge of Agent		
☐ Reinst	atement		
☐ Conve	ersion		
☐ Merge	r		
Dissol	ution/Withdrawal		
☐ Fictitio	ous Name		
☐ Other_			
Authorized A	mount:\$	70.00	7 22 F
Signature:	(Part)		
			THE W

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	03/21/2024		
Name:	Patrice Rush		
Reference #	2304393		
Entity Name	JORYA	AN VENTURES, INC.	-
✓ Article	es of Incorporation/Authoriza	ation to Transact Business	
☐ Amen	dment		
Chang	ge of Agent		
Reins	tatement		
☐ Conve	ersion		
☐ Merge	er		
☐ Disso	lution/Withdrawal		
Fictition	ous Name		
Other			
Authorized A Signature: _	ODM_{-}		THED MENTAR 22 IN SECTION

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

JoRyAn Ventures, Inc.

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

JECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
iclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status	
	Ma	ry E. Miles		
FROM:	<u> </u>	e (Printed or typed)		
	300 S. Wa	acker Dr. Ste 500		
		Address		
	Chica	igo, IL 60606	512 512	
	City	State & Zip	Fire	
	312	2-924-4263	:; :; ::	
	Daytime 1	elephone number		

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

mmiles@lawrencekaminlaw,com

E-mail address: (to be used for future annual report notification)

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

PRINCIPAL OFFICE Principal street address 1865 East Adams Maittand FL, 32751 PRICLE II PURPOSE purpose for which the corporation is organized is: Any and all lawful business PRICLE IV SHARES number of shares of stock is: 1000 PRICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Sarah E. Grafton, President Address Maittand FL, 32751 Name and Title: Name and Title: Address Address: Address: Address: Name and Title: Address Address:	name of the comprati	ion shall be:	JoRyAn Ventures, Inc.	
Maitland FL, 32751 TICLE II PURPOSE purpose for which the corporation is organized is: Any and all lawful business TICLE IV SHARES purpose for which the corporation is organized is: Any and all lawful business TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Sarah E. Grafton, Director Name and Title: Address Maitland FL, 32751 Name and Title: Address Address Address: Name and Title: Address Address: Name and Title: Address Name and Title: Address Name and Title: Address Address: Name and Title: Address Name and Title: Address Address:	TICLE II PRINC	IPAL OFFICE	Maili	ng address, if different is:
TICLE IV SHARES 1000 TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Sarah E. Grafton, President Address Address: Add	1865	East Adams		
TICLE IV SHARES purpose for which the corporation is organized is: TICLE IV SHARES number of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Sarah E. Grafton, President Address Maitland FL, 32751 Name and Title: Address Name and Title:	Maiti	and FL, 32751	·	
TICLE IV SHARES 1000 Inumber of shares of stock is:	TICLE III PURPO	<u>SE</u>	Any and all ia	wful business
Name and Title:				
Name and Title:				•
Name and Title:				
Name and Title:	TICLE IV SHARE	<u>ss</u> 1000		
Name and Title: Sarah E. Grafton, President Name and Title: Sarah E. Grafton, Director	number of shares of	stock is:		
Name and Title: Sarah E. Grafton, President Name and Title: Sarah E. Grafton, Director	TICLE V INITIA	I OFFICERS AND/OR DIRECTORS		
Name and Title: Name and T				Sarah E. Grafton, Director
Address: Maitland FL, 32751 Maitland FL, 32751 Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: Address:	Name and Title	·	Name and Title:	
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Name and Title: Address Address:	Address		Address:	
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	Address		Address:	
				
				

Name a	nd Title:	Name and Title:	
Addres	s	Address:	- .
		<u> </u>	
ARTICLE VI The name and I	REGISTERED AGENT Porida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Cogency Global Inc.		
Address:	115 North Calhoun Street, Suite 4		
	Tallahassee, FL 32301		
		_	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and s	address of the Incorporator is:		·
Name:	Sarah E. Grafton		
Address:	1865 East Adams		
	Maitland FL, 32751		
	EPPPATING DATE.		
SMarting date i	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and ca	anot be more than five days prior or 90 days	after the
Note: If the dat	te inserted in this block does not meet the applica		
the document's	effective date on the Department of State's recor	15. ენ ეკინ	6.77 6.73
this certificate, i	uned as registered agent to accept service of pro I am familiar with and accept the appointment a	registered agent and agree to act in this capac	(y 20 am)
and		7/2//	2.6
	V	ن: ي	Date
I submit this do	ocument and affirm that the facts stated herein	are true. I am aware that the faise informatio	n submitted in a
document to the	Department of State constitutes a third degree f	tiony as provided for in 2817.155, P.S.	<u>-</u>
	(Soul En)	03/21/2	024
Requ	uired Signature/Intelliporatoren		Date