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

800001591818 -01/18/96--01047--007 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: U. G.C., TAC.							
(Proposed corporate name - must include suffix)							
Enclosed is an original for:	and one (1) co	py of the articles of	Incorporation	and a che	ck		
\$70.00 Filing Fea	\$78.75 Filling Feo & Cortificate	\$122.50 Filing Fee & Certified Copy  Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required				
FROM:	01d- City,	an G. Crotts orinted or typed) 501 Print Aven Address Smar Florida State & Zip 854.5205 Telephone number	nue a 34677	SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED		
NOTE: Please pa	rovide the ori	ginal and <u>one c</u>	opy of the a	12	2 10 10 10 10 10 10 10 10 10 10 10 10 10		



January 23, 1996

JAN G. CROTTS 501 PINE AVENUE OLDSMAR, FL 34677

SUBJECT: J.G.C., INC. Ref. Number: W96000001678

We have received your document for J.G.C., INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6933.

Dana Farmer Document Specialist

Letter Number: 596A00002851

## ARTICLES OF INCORPORATION AND ARTICL

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Filtry as a switchapter & corporation.

ARTICLET

The name of the corporation shall be:

J. Crotts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

501 Pine Avenue Old Smar, Horida

34477

**ARTICLE III SHARES** 

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

Jan G. Crotts 501 Pine Avenue Old Smar, Florida 34677

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

Jang. CroHs 501 Pine Ave Oldsmar, Horida 34677

The und	ersigned inc	corporator(s) has(have)	executed these Article	es of Incorporation this
5 <sup>th</sup>	day of	January	<u> </u>	
		gn G. C	Signature	
			Signature	
			Signature	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the c	orporation is:	J.Crotts, 1	tne.	<del></del>	<del></del>
2. The name and ad	dress of the regist	tered agent and office is:		360 360	
		tan G. Crotts (NAME)		741 30 T	1+1
	(P.O. Bo)	501 PINE AVC x or Mail Drop Box NOT ACC	•	TORDA STATE	
		Oldsmar (CHY/STATE/ZIP)	<u>011010 296</u>	<u>'</u>	
corporation at the pagent and agree to a	lace designated in act in this capacit r and complete pe	ngent and to accept ser In this certificate, I hereb Iy. I further agree to con erformance of my duties, ed agent.	y accept the appoint the proving the provi	intment as re visions of ali	egistered I statutes
<u> </u>	M. Cotts (Signaturi	E)	(DATE)	5.1996	