

SUBJECT: JILLRAY ENTERPRISES, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$122.50.

FROM: RAYMOND UZELL 316 CHANNEL LANE NOKOMIS, FLORIDA 34275

TELEPHONE: (941) 484-7791

Sincerely,

ZAYMOND LIZEY

Est, 101(1010), 2010; if 1, 2000; if 1, 20

SEP 10 4



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

JILLRAY ENTERPRISES, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporations shall be: 316 CHANNEL LANE NOKOMIS, FLORIDA 34275



ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 AT \$1.00 PAR VALUE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAYMOND UZELL 316 CHANNEL LANE NOKOMIS, FLORIDA 34275

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

RAYMOND UZELL 316 CHANNEL LANE. NOKOMIS, FLORIDA 34275

The undersigned incorporator has executed these Articles of Incorporation this

Signature: __

RAYMOND UZELL

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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 corporation is:

JILLRAY ENTERPRISES, INC.

2. The name and address of the registered agent and office is:

RAYMOND UZELL 316 CHANNEL LANE NOKOMIS, FLORIDA 34275

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature:

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Date:

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SEVINAN SSEE, FLORIGA