## P98800012748

TRANSMITTAL LETTER

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

800002424118--6 -02/06/98--01115--015 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT:

JON-NATHANIEL INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee \$78,75

Filing Fee

& Certificate

\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARGARET SULETMAN

Name (Printed or typed)

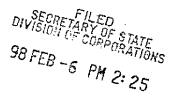
72 COQUINA RIDGE WAY

ORMOND BUH FL 32174

City, State & Zip

904-672-1998

Daytime Telephone number



## ARTICLES OF INCORPORATION

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

Business Corporation Act, nereby adopts the Johnwing Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be:  JON-NATHANIEL INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
72 COQUINA RIDGE WAY ORMOND BCH FL 32174
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 SHARES
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:
MARGARET SULEIMAN 72 COQUINA RINGEWAY ORMOND BCH FL 32174
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
MARGARET SULEIMAN 72 COQUINA RIDGE WAY ORMOND BUT PL 32/74
Mon on of Sulpinan 1/10/50
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date