1990 CRASMITAL LETTER 8639

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		30	00002525 <u>333</u> -0
		1	*****70,00 *****70
SUBJECT: Jp	lus Unlimited	Inc. ate name - must include suf	Tiv)
	(Floposed corpor	ate name - must menuee sur	iia)
Enclosed is an original ar	nd one(1) copy of the articles	s of incorporation and a c	check for:
\$70.00	\$78.75	\$122.50	□ \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	MICHAEL D.	Fox	
	Name (Pr	inted or typed)	
	5810 N. Mon	UNDE SUITE	400-232
		ddress	-
	TAIL ALLASSEE	FL 3230	73
		10 2200	<u> </u>
	City,	State & Zip	
			98 SEI TAL
CHARL FOX	850 514-8		98 JUN - SECRETARY TALLAHASSI

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

DOC. EXAM 91

Mar-98

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.

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ARTICLE I NAME

The name of the corporation shall be:

JPLUS UNLIMITED, INC.

ARTICLE II PRINCIPAL OFFICE

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

TAUAHASSEE FL 32303

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MICHAEL D. FOX 5001 LAKEFRONT DR # H-6 TALLAHASSEE FC 32303

ARTICLE V INCORPORATOR

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

MICHAEL D. FOX 5001 LAKEFRONT DN # H-6 TAUAHASSEE FL 32303

Signature/Incorporator

5/19/90

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