TRANSMITTAL LETTER

P98000053928

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

SUBJECT:	JOMICHAS (Proposed corpor	HE CORP. ate name - must include su	ffix)		
	•	E	00002555 -06/15/98 *****78.75	3:37 -010: ; **	76 96- ***
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a	check for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 - Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: _	LYDIA W Name (Pr	ANGELL inted or typed)	· · · · · · · · · · · · · · · · · · ·		
-	18647 ARI	<u> PAHOE</u> Address	CIRCLE		
-	PORT CHARLOTTE 7L 33948 City, State & Zip				SIN SIN
-	941-654-6387 Daytime Telephone number			98 JUN 15 /	JIVISION OF CORPOR
				3	30dk

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



ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE I

98 JUN 15 AM 7:55

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

JOMICHASHE CORP
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
18647 ARAPAHOE CIRCLE PORT CHARLOTTE 7L 33948 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: NOTE NOT
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Lycua W. Oxall 18647 ARAPAHOE CIRCLE PORT CHARLOTTE 7L 33948
Lyren W. Origell Signature/Incorporator Lyren W. Origell 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