

TRANSMITTAL LETTER

P99000001052

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

800002729448--8
-01/04/99-01110-012
*****78.75 *****78.75

SUBJECT: Ina Makka, 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
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Crista M. Eide
Name (Printed or typed)

6025 Eagles Nest Dr.
Address

Jupiter, FL 33458
City, State & Zip

(561) 7442506
Daytime Telephone number

99 JAN -4 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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.

ARTICLE I NAME

The name of the corporation shall be:

Ina Makka, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6025 Eagles Nest Dr.
Jupiter, FL 33458

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Julie Crystal Jones
291 Maplecrest Circle
Jupiter, FL 33458

ARTICLE V INCORPORATOR

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

Crista M. Eide
6025 Eagles Nest Dr.
Jupiter, FL 33458

Crista M. Eide

Signature/Incorporator

12/31/98

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

Julie Crystal Jones

Signature/Registered Agent

12-31-98

Date

FILED
99 JAN -14 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA