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Mail out W	ill wait Photocopy  AMENDMENTS	Certificate of Sta	Plain +0
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NonProfit	Resignation of R.A., Office	er/Director	. / .
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Annual Report	Foreign		
Fictitious Name	Limited Partnership		
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# TRANSMITTAL LETTER

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

SUBJECT:	AGUAR SACIALS	ate name - must include suf	Jre Tix)				
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Enclosed is an original	and one(1) copy of the articles	s of incorporation and a o	check for :				
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\$70.00	\$78.75	\$122.50	□ \$131.25				
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy				
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	C.	<b>.</b>					
(904) 247-8321 (904) 343-8617							
Daytime Telephone number							

### ARTICLES OF INCORPORATION

### Jaguar Specialty Services, Inc.

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

### <u>ARTICLE I - NAME</u>

The name of the corporation is: Jaguar Specialty Services, Inc.

### **ARTICLE II - Principal Office**

The address of the principal office and mailing address of the Corporation is 1891 Blue Heron Lane Jacksonville Beach, Fl 32250,

### ARTICLE III - SHARES

The maximum number of shares of stock which this Corporation is authorized to have outstanding at any one time is five hundred (500) shares of common stock having a par value of \$ 1.00 per share.

### ARTICLE IV - Initial Registered Agent and Street Address

The street address of the Corporation's initial registered office is 1125 13th Avenue North, Jacksonville Beach, Florida, 32250. The name of this Corporation's initial registered agent is Michealyn C. Adams.

## ARTICLE V - Incorporator

The name of the incorporator to these Articles of Incorporation is:

Signature/Incorporator Date

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