TRANSMITTAL LETTER

P99000021740 Department of State

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

SUBJECT:	Jin	Rideracir Desicus	CORP	
	(Proposed corporate name - must include suffix)			

900002799659--5 -03/09/99--01073--001 *****80.00 *****87.50

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee

& Certificate of Status

\$78.75 Filing Fee

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: JM RIDENEUT

Name (Printed or typed)

1925 NB 3-05

Address

Address

SECRETARIA Beach FL 3348

City, State & Zip

Daytime Telephone number

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

ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

ARTICLE I

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

ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corpor	ration shall be:
1925 NC 3rtSt. Devertield	Beach Fl. As 3
ARTICLE III SHARES The number of shares of stock that this corporation is authorized	73441 E
The number of shares of stock that this corporation is authorized	to have outstanding at any one time is:
5000	SSEE.
	78
ARTICLE IV INITIAL REGISTERED AGENT AN	ID STREET ADDRESS
The name and Florida street address of the initial registered agent 5 in Ridenedi 1925 NE 3-0 57	mr O
33441	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of In	acorporation are:
Jin RIDENOUR 1925 NE 320	157 Devetield
Beach FL 33441	
An Ril	9 March 99
Signature/Incorporator	Date

Jim Riverour Designs conp.

(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

Daté