TRANSMITTAL LETTER

P99000027799

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

SUBJECT:

J&J Innovations

(Proposed corporate name - must include suffix)

innoc250 高50 1 --- 0 -03/22/9 -- 01 720 -- 012 ******87.50 ******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
- **≱**\$87.50
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate of
- Status

ADDITIONAL COPY REQUIRED

FROM:	John Sposato Jr. Name (Printed or typed)	<u>-</u>
	1610 NW 42 nd Ave Address	
	Gainesville, FL 32605 City, State & Zip	
	(352) 377-2149 Daytime Telephone number	

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

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

ARTICLE I

The name of the corporation is: J&J Innovations INC.

ARTICLE II

The principle place of business shall be at 1830 NE 2nd St Gainesville, Fl 32609. The mailing address shall be PO Box 13835. Gainesville, Fl 32604.

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000

ARTICLE IV

The name and Florida street address of the initial registered agent are: John Sposato Jr, 5410-D NW 20th CT Gainesville, FL 32653

ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are: John Sposato Jr, 5410-D NW 20th CT Gainesville, FL 32653

John Sport f. 03/19/99

Signature/Inforporator Date

Having been named as registered agent and to accept service of process for the above stated corporation at he 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 an familiar with and accept the obligations of m position as registered agent.

form format f
/Signature/Registered Agent

Date