

P99000053032

TRANSMITTAL LETTER

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

SUBJECT:

Jumping JAMS, Inc

(Proposed corporate name - must include suffix)

900002899509--1
-06/09/99--01054--025
*****78.75 *****78.75

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Alfredo Masson

Name (Printed or typed)

20812 NW 2 ST

Address

Pembroke Pines, FL 33026

City, State & Zip

954-430-0773

Daytime Telephone number

FILED
99 JUN -9 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N. CULLIGAN JUN 11 1999

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 1

The name of the corporation shall be:

Jumping Jams, Inc

ARTICLE 2

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

Jumping Jams, Inc.

2700 NW 83 Terr

Coral Springs , Florida 33065

ARTICLE 3

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **One Thousand (1000) Shares of Common stock.**

ARTICLE 4

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

Joyce Costello

2700 NW 83 Terr

Coral Springs, Florida 33065

ARTICLE 5

The name and address of the Incorporator to these articles of Incorporation are:

Joyce Costello

2700 NW 83 Terr

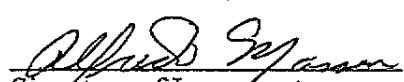
Coral Springs, Florida 33065

Alfredo Masson


20812 NW 2 St

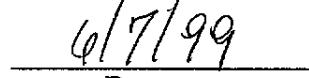
Pembroke Pines, Florida 33026


Signature of Incorporator


Signature of Incorporator

Having been named as a 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

FILED
99 JUN -9 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA