

TRANSMITTAL LETTER

FILED

99 JUL 26 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

800002940873--7  
-07/26/99--01054--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: JMJC, 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 of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Joseph Conte  
Name (Printed or typed)

4076 Deltona Boulevard  
Address

Spring Hill, Florida 34606  
City, State & Zip

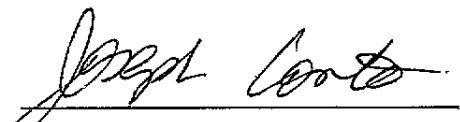
(352) 666-3606  
Daytime Telephone number

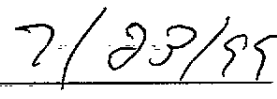
NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION  
OF  
JMJC, Inc.**

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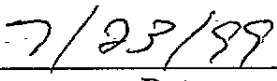
1. The name of the Corporation is **JMJC, Inc.**
2. The principal place of business and mailing address of this corporation shall be:  
**4076 Deltona Boulevard  
Spring Hill, Florida 34606**
3. The number of shares the corporation is authorized to issue shall be **One Thousand** shares all of one class designated as common stock.
4. The street address and county of the initial registered office of the corporation is  
**4076 Deltona Boulevard  
Spring Hill, Florida 34606                      Hernando County**  
and the name of the initial registered agent at this address is **Joseph Conte**
5. The name and address of the incorporator is **Joseph Conte**  
**4076 Deltona Boulevard  
Spring Hill, Florida 34606**

  
\_\_\_\_\_  
**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**