

Charter Number Only

P01000036100

Requestor's Name Gall, David & Joseph
Address 1428 Brickell Ave, 8th Floor
Miami, FL 33131
City State ZIP Phone (305) 374-5030

VISION ONLY

000003983990--7
-04/10/01--01026--006
*****78.75 *****78.75

CORPORATION(S) NAME

SJN Ventures, Inc.

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | | |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

FILED
01 APR 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Empire Toll Free: 1-800-432-3028

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

Certified Copy

RECEIVED
01 APR 10 AM 9:30
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION
OF
SJN VENTURES, INC.**

The undersigned, acting as Incorporator of a Florida corporation under the Florida General Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Corporation.

ARTICLE I

NAME

The name of the Corporation is **SJN VENTURES, INC.**

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1024 Dove Road, Key Largo, Florida 33037.

ARTICLE III

CAPITAL STOCK

The Corporation is authorized to issue 1000 shares of Common Stock with a par value of .001.

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is:

Christopher M. David, Esq.
1428 Brickell Avenue, Penthouse
Miami, Florida 33131

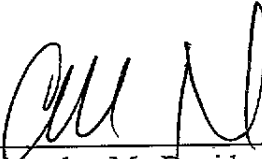
FILED
01 APR 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V
INCORPORATOR(S)

The name and address of the person signing these Articles is:

<u>Name</u>	<u>Address</u>
Christopher M. David	1428 Brickell Avenue, Penthouse Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation
this 6th day of April, 2001.



Christopher M. David

STATE OF FLORIDA)
)
COUNTY OF MIAMI DADE)

BEFORE ME, the undersigned authority, authorized to take acknowledgments in the State and County set forth above, personally appeared Christopher M. David, personally known by me and known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 6th day of April, 2001.

Notary Public

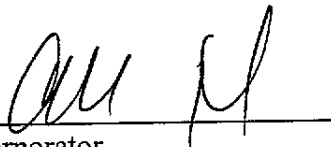
My commission expires:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

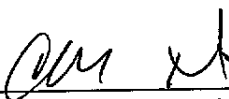
Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the corporation is: **SJN VENTURES, INC.**
2. The name and address of the Registered Agent and office is:

Christopher M. David
1428 Brickell Avenue, Penthouse
Miami, Florida 33131

Signature: 
Title: Incorporator
Date: 4-8-01

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: 
Christopher M. David
Date: April 6, 2001

FILED
01 APR 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA