# P03000047362

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### TRANSMITTAL LETTER

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

SUBJECT:	JAMERICAN, INC.	<b></b>	
	(Proposed corporate	name - must include	suffix)
Enclosed is an orig		by of the articles c	of incorporation and a check
<b>□</b> \$70.00	<b>⊠</b> \$78.75	\$122.50	<b>\$131.25</b> ·
FRO	Name 	Address	100 - CUID-# 301
	PFM B	ty, State & Zip	s FC 33029
	**************************************	YY/- 0 Y 0	

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

## ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

JAMERICAN, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall began

#### ARTICLE III SHARES

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

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

#### ARTICLE V INCORPORATORIS

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

PRESIDENT

HOWARD A- FOLKES

1350 NW 95 # 5/RM77

BOT # 108

MIAMI FC 3314)

ARTICLE VI NATURE OF THE BUSINESS

NATURE OF THE RUSINESS IS TRUCKING

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of BARIL , 18 2003

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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:	SECRE	p3 APR	_~\
2.	The name and address of the registered agent and office is:  HOWBED B- FOCKES	ARY CF STATE	14 PM 1: 14	LED
	(Name)			
	1350 NW 95 E SRAFT - AT # 108 (P.O. Box not acceptable)	•		
	MIBMIF( 33/4> (City/State/Zip)			

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)