

DIVISION OF CORPORATIONS
98 APR 20 AM 11: 05

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

SUBJECT: JOHNSON AND ASSOCIATES OF USA INC

(Proposed corporate name - must include suffix)

900002493909--3 -04/20/98--01082--014 ****131.25 ****131.25

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

\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee,

opy Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: STANLEY V. JOHNSON

Name (Printed or typed)

9623 MAYPAN

PLACE

LAR GOPL 33777

City, State & Zip

813- 399-9901

Daytime Telephone number

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



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.

ADMINIT D. T. STARPS
ARTICLE I NAME The name of the corporation shall be:
JOHNSON AND ASSOCIATES OF U-S.A. INC
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
9623 MAYPAN PL CARGO FZ-33777
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
10,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: STANLEY V JOHN SON 9623 MAYDAN PLACE, LANGO 72. 33777
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
STANLEY . JOHNSON
STANLEY V. YOHNSON 9623 MAYDAN PLACE, CARGO A.33777
A Harature/Incorporator Date
4 / Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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 4-151998

Date