TRANSMITTAL LETTER

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

00 JAN 27 AM 10: 44

SUBJECT:	JMI GROUP			 .
(Proposed corporate name - must include suffix)				
			600003113 -01/27/00 *****70.00	36462 01114012 ******70.00
Enclosed is an origina	l and one(1) copy of the article	s 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 OPY REQUIRED	
FROM:	JOHN MONTEMARANO	o / JMI GROUP,	INC.	
Name (Printed or typed)				
	1432 COURT STREE	ET Address		e e
	CLEARWATER FL City,	33756 State & Zip		
	727-447-7141			
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.

ARTICLE I NAME

The name of the corporation shall be:

JMI GROUP, INC.



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

1432 COURT STREET CLEARWATER, FL 33756

ARTICLE III SHARES

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

ONE THOUSAND (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MR. JOHN MONTEMARANO 1432 COURT STREET CLEARWATER, FL 33756

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

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MR. JOHN MONTEMARANO, PRESIDENT JMI GROUP, INC. 1432 COURT STREET CLEARWATER, FL 33756

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

Date