TRANSMITTAL LETTER

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

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SUBJECT:	- Jakobi Group	Inc.			
	(Proposed corpor	rate name - must include su	iffix)		
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a	check for:		
D 650 00	T/2-2-			1	
□ \$70.00	\$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy		
	& Certificate of Status	& Certified Copy	& Certificate of		
			Status	İ	
		ADDITIONAL COPY REQUIRED			
				1	
FROM:	ALON Oami Name (Pr				
	Name (Pr	inted or typed)			•
101 SW 94 terrace Address					
	B	address		_	<u>D</u>
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Marie Company	Plantation, Florila 33324-2431 City, State & Zip			83.	
	City,	state & Zip		9	OF C
	954 - 444 - 470 / Daytime Telephone number				7 S.T
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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:

Jakobi Group Inc.

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

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

(100) one Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

101 SW 94 terrace Plantation, F1 33324-2431 Alon Oami

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Alon Oami 101 SW 94 terrace Plantion, F1 33324-2431

Signature/Incorporator

2/4/00

(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

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2/4/00

Signature/Registered Agent

Date