

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

400003456904--2

-11/08/00--01030--004

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. J.N. INTERNATIONAL, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)



Walk in



Pick up time

1:00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 8, 2000

LAZARUS

MIAMI, FL

SUBJECT: J.N. INTERNATIONAL, INC.  
Ref. Number: W00000026763

We have received your document for J.N. INTERNATIONAL, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 300A00057917

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 16 AM 9:25  
TO AGENT FOR  
SUFFICIENCY OF FILING

**ARTICLES OF INCORPORATION**

**OF**

**J.E.N. INTERNATIONAL, INC.**

**FILED**  
00 NOV 16 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

We, the undersigned, hereby associate ourselves together for the purpose of becoming incorporated under the laws of the State of Florida, and do hereby adopt the following:

**ARTICLE I**

The name of the Corporation shall be **J.E.N. INTERNATIONAL, INC.**

**ARTICLE II**

This Corporation may engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE III**

The maximum number of shares of stock of this Corporation shall be Five Hundred (500) shares, the said share having a par value of one dollar and no/100 each and to be fully paid and non-assessable of which shall be common stock, and the same shall be issued and sold for such consideration as may be fixed by the Board of Directors hereof. Said share of stock shall be issued, sold or transferred only according to the By-laws of the Corporation for any indebtedness which may be due at any time by the holders of same to the Corporations, and such lien shall be superior to all liens of any character, and all assignments and transfers of stock of this Corporation shall be subject thereto.

#### **ARTICLE IV**

The amount of capital with which the Corporation shall begin business shall be not less than Five Hundred (\$500.00) dollars.

#### **ARTICLE V**

The Corporation shall have perpetual existence.

#### **ARTICLE VI**

The principal place of business of this Corporation shall be:

1221 Brickell Avenue, Suite 1540, Miami, Fla. 33131

#### **ARTICLE VII**

The business of the Corporation shall be conducted by a Board of Directors of not less than one (1) nor than nine (9) Directors.

#### **ARTICLE VIII**

The names and post office addresses of the officers and first Board of Directors of this Corporation, who shall hold office for the first year of its existence or until their successors are elected and qualified are as follows:

Mr. Joel Newman - President, Secretary, Treasurer and Director  
1221 Brickell Avenue, Suite 1540, Miami, Fla. 33131

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**ARTICLE IX**

The names and post office addresses of the subscribers to the Certificate of Incorporation, and the number of share of capital stock each agrees to take are as follows:

Mr. Joel Newman - President, Secretary, Treasurer and Director  
1221 Brickell Avenue, Suite 1540, Miami, Florida 33131  
500 Shares

IN WITNESS WHEREOF, the Incorporates have hereunto set their hands and seals this 6th day of November, 2000.

  
\_\_\_\_\_  
MR. JOEL NEWMAN

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PREACHES WITHIN FLORIDA, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED IN COMPLIANCE  
WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED:**

**J.E.N. INTERNATIONAL, INC.**

FIRST -- THAT J.E.N. INTERNATIONAL, INC. DESIRING TO ORGANIZE OR  
QUALITY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS  
PRINCIPAL PLACE OF BUSINESS AT THE CITY OF MIAMI HAS NAMED  
JOEL NEWMAN LOCATED AT 1221 BRICKELL AVENUE, SUITE 1540,  
STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS  
WITHIN FLORIDA.

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE  
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND FURTHER  
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUS RELATIVE TO  
THE PROPER AND COMPLETE THE PERFORMANCE OF DUTIES.

SIGNATURE: \_\_\_\_\_

**FILED**  
00 NOV 16 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA