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TRANSMITTAL LETTER

Department of State 000003656250--2 -02/07/01--01078--013 ****122.50 *****78.75 Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314 Just .99 Cents, Inc. SUBJECT: (Proposed corporate name) Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$_____ Just .99 Cents, Inc. FROM: Name (printed or typed) 1795 SW 8th Street Address Miami, Fl. 33135 City, State & Zip Code (954) 430-7335 Telephone Number

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:

Just .99 Cents, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1795 SW 8th Street Miami, Fl. 33135

ARTICLE III SHARES

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

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Simon Chami 1795 SW 8th Street Miami, Fl. 33135

ARTICLE V INCORPORATOR(S)

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

Simon Chami 1795 SW 8th Street Miami, Fl. 33135

President / Secretary

The undersigned incor of Incorporation this	porator(s) has (have) s day of	executed these Articles
	Signature	
	Signature	-

Signature



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 c	corpo	orat	ion	is
								1795 SW 8th Street Miami, Fl. 33135
2.	The	name	and	addı	ress	of	the	registered agent and office is:
								Simon Chami
-					-			(Name)
								1795 SW 8th Street
					_		(P.C	D. Box or Mail Drop NOT acceptable)
								Miami, Fl. 33135
								(City/State/Zip)
proce this agent	ess f cer and	or th tific d agre	e ab ate, ee to	ove s I h	state ereb	ed o y a thi	corpo ccer s ca	agent and to accept service of pration at the place designated in the appointment as registered pacity. I further agree to comply utes relating to the proper and

DIVISION OF CORPORATIONS, P.O.BOX 6327, TALLAHASSEE, FL 23214

complete perfomance of my duties, and I am familiar with and accept

the obligations of my position as registered agent.