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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)922-4001

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.  
Account Number : I19990000022  
Phone : (305)461-4400  
Fax Number : (305)461-4403

**FLORIDA PROFIT CORPORATION OR P.A.**

**SJT02 Corp.**

Certificate of Status	0
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SECRETARY OF STATE  
KATHERINE HARRIS  
TALLAHASSEE FLORIDA

B. McKnight MAR 19 2001

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I** **NAME**

The name of the corporation shall be:

SJT02 Corp.

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**ARTICLE II** **PRINCIPAL OFFICE**

The principal place of business/mailling address is:

808 BRICKELL KEY DRIVE  
SUITE 1103  
MIAMI, FLORIDA 33131**ARTICLE III** **PURPOSE**

The purpose for which the corporation is organized is:

Real Estate

**ARTICLE IV** **SHARES**

The number of shares of stock is:

Authorized Shares Outstanding - 1,000

**ARTICLE V** **INITIAL OFFICERS/DIRECTORS (Optional)**

The name(s) and address(es):

SONIA MENESES, PRESIDENT  
808 BRICKELL KEY DR  
APT. 1103  
MIAMI, FLORIDA 33131SILVANA MASIERO, VICE PRESIDENT  
808 BRICKELL KEY DR  
APT. 1103  
MIAMI, FLORIDA 33131**ARTICLE VI** **REGISTERED AGENT**

The name and Florida street address of the registered agent is:

United States Registered Agents, Inc. - 329 Granello Ave, Coral Gables, FL 33146

**ARTICLE VII** **INCORPORATOR**

The name and address of the Incorporator is:

SILVANA MASIERO - 808 BRICKELL KEY DRIVE # 1103, MIAMI, FLORIDA 33131

**ARTICLE VIII** **EFFECTIVE DATE:**

The effective date of the corporation:

The effective date of the Corporation shall be March 19, 2001

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent3/19/01  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature/Incorporator3/19/01  
\_\_\_\_\_  
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