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TRANSMITTAL LETTER

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

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SUBJECT: J.M. Irrigation, Inc.

I enclose an original and 1_ copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$ 78.75 .

SIGNED:

From:

Jason J.Martinez

902 Cochran Drive

Lake Worth, FL 33461

561-252-2140

Telephone Number

2001 MAY 11 AM 8: 42
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J5/17/01

TABLE TO THE PARTY OF THE PARTY

ARTICLES OF INCORPORATION

2001 HAY 11 AM 8: 42

OF

SECNE ARY OF STATE TALLAHASSEE FLORIDA

J.M. Irrigation, Inc.

ARTICLE I NAME

ARTICLE II PRINCIPAL OFFICE

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

902 Cochran Drive

Lake Worth, FL 33461

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Jason J. Martinez

902 Cochran Drive

Lake Worth, FL 33461

ARTICLE V INCORPORATOR

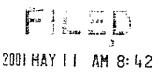
The name and street address of the incorporator to these Articles of Incorporation is:

Jason J. Martinez

902 Cochran Drive

Lake Worth, FL 33461

Jan Menzo, Incorporator



CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICHALLAHASSEE FLORIDA

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 corporation is:	,
J.M. Irrigation, Inc.	
The name and address of the registered agent and office is:	
Jason J. Martinez	
902 Cochran Drive	: -
Lake Worth, FL 33461	
Signature: President Title: President	Boys Fal a analysis
Date:	
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.	

Date: