

TRANSMITTAL LETTER

PO1000051096

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

900004220469--4  
-05/16/01--01101--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: JIMAGUA IMPORT INC.  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$78.75 Filing Fee and Certificate

FROM: LUIS I VERA  
20 EAST 62<sup>ND</sup> ST  
HIALEAH FL 33013

(305) 819-0154  
Daytime Telephone number

FILED  
01 MAY 16 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. BULLOCK MAY 23 2001

(2)

# 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: JIMAGUA IMPORT INC.

## ARTICLE II PRINCIPAL OFFICE

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

20 EAST 62<sup>ND</sup> ST  
HIALEAH FL 33013

## ARTICLE III SHARES

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

One Hundred Shares (100), no par value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

NIEVES A VERA  
20 EAST 62<sup>ND</sup> ST  
HIALEAH FL 33013

## ARTICLE V INCORPORATOR

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

LUIS I VERA  
20 EAST 62<sup>ND</sup> ST  
HIALEAH FL 33013

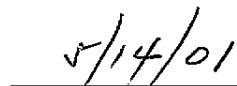
NIEVES A VERA  
20 EAST 62<sup>ND</sup> ST  
HIALEAH FL 33013

  
\_\_\_\_\_  
Signature/Incorporator      Date

  
\_\_\_\_\_  
Signature/Incorporator      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.

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA