TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPORA	TE NAME – MUST INCLU	DE CHEETY)	<del></del> .
		ID WANTE - MOST INCLE	DE SUFFIX)	
Enclosed is an original	al and one(1) copy of the article	es of incorporation and a	check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	\$87.50 Filing Fee, Certified Cop & Certificate Status PY REOUIRED	of
FROM:	ADCOCK'S A JAYANTIOH Name (Pr		, Service	
	BOX 38	63 _	To a	
<del>-</del> .	Otala	ddress 1 344	478	
City, State & Zip				
		694 - 8040 lephone number	AHASSEE, FLORID,	FILED MAY 24 PH 4: 07 CRETARY OF STA
			***	-

NOTE: Please provide the original and one copy of the articles.

## ADCOCK'S ACCOUNTING SERVICE P.O. BOX 3863 OCALA, FLORIDA 34478 (352) 351-3833

MAY 23, 2001

DIVISION OF CORPORATIONS 409 E GAINES ST. TALLAHASSEE, FL 32399

**ATTENTION: PAM** 

PER YOUR INSTRUCTIONS, ATTACHED IS A NEW TRANSMITTAL LETTER FOR THE ARTICLES OF INCORPORATION WITH NAME CHANGES.

THIS WAS FIRST SUBMITTED UNDER THE NAME OF JAYSHREE INC.

THIS HAS NOW BEEN CHANGED TO JAYSHREE OF OCALA INC.

PER OUR PREVIOUS CONVERSATIONS, THIS IS BEING SENT NEXT DAY DELIVERY AND I WILL CALL YOU THE FOLLOWING MORNING TO GET THE ARTICLES OF INCORPORATION NUMBER.

THANKS, IN ADVANCE, FOR YOUR HELP IN THIS MATTER.

SINCERELY,

ADCOCK, ACCOUNTANT

ARTICLES OF INCORPORATION  In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
· · · · · · · · · · · · · · · · · · ·	·
ARTICLE I NAME  The name of the corporation shall be:	OI MAY 24 PM 4: 07
JAYSHREE OF OCALA, INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	***
The principal place of business/mailing address is: $9080 \times 978$	
CHIEFLAND, FL 326 \$4  ARTICLE III PURPOSE	en travelle travelle <del></del>
The purpose for which the corporation is organized is:	,
TO OPEN CONVENIENCE	
ARTICLE IV SHARES	
The number of shares of stock is:	
/00	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)  The name(s) and address(es):  JAYANTIBHAI  ORGEN  O	tor (PRES)
DAYANTIBHAI "THEE (SI.S.S.	
PO BOX 978	
CHIEFLAND, FL 32644	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
JAY ANT IBHAI A PATEL	•
10720 HWY 40 WEST SILVERSPRINGS FL 34488 ARTICLE VII INCORPORATOR	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
The name and address of the Incorporator is:  ADCOCK'S ACCOUNTING SERVICE  POBOX 3863	
POBOX 3863	
*****************	*******
Having been named as registered agent to accept service of process for the above stated of certificate, I am familiar with and accept the appointment as registered agent and agree to	orporation at the place designated in thi
1 A	
- Holder	5/23/01
Signature/Registered Agent	Date
Stellerk	5/33/01
Signature/Ineorporator	Date