

TRANSMITTAL LETTER

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02 JUN -3 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO2000061479

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

SUBJECT: J.M. MANSORY SERVICES INC.
(Proposed corporate name - must include suffix)

500005664755--0
-06/03/02--01051--011
*****87.50 *****87.50

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JUAN M. CHILAPA
Name (Printed or typed)

4791 SARATOGA RD. APT. 1
Address

W.P.B. FL 33415
City, State & Zip

Daytime Telephone number _____

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

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ARTICLES OF INCORPORATION
OF
J.M. MANSORY SERVICES INC.

02 JUN -3 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE: J.M. MANSORY SERVICES INC

ARTICLE II

THE PRINCIPAL PLACE OF BUSSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE 4791 SARATOGA RD APT. 1 WEST PALM BEACH FL. 33415

ARTICLE III
CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK THE CORPORATION SHALL BE AUTHORIZED TO CREATE AND ISSUE IS 1,000 SHARES OF COMMON STOCK HAVING A ZERO PAR VALUE PER SHARE.

ARTICLE VI

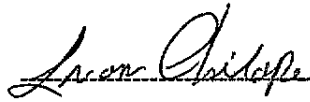
THE POWER OF THE CORPORATION SHALL BE EXERCISED BY OR UNDER THE AUTHORITY OF, AND THE BUSSINESS AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED UNDER THE DIRECTION OF, A BOARD OF DIRECTORS .THE NUMBER OF DIRECTORS MAY BE INCREASED OR DECREASED BY THE SHAREHOLDERS FROM TIME TO TIME AS PROVIDED IN THE BYLAWS OF THE CORPORATION.

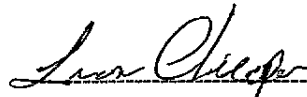
THE NAMES AND STREET ADDRESS OF THE INITIAL DIRECTORS WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR IS ELECTED, ARE: JUAN MANUEL CHILAPA 4791 SARATOGA RD APT. 01 WEST PALM BEACH FL. 33415.

ARTICLE VII

THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTY, TERRITORY OR NATION.

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATORS HAVE MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION AT WEST PALM BEACH FLORIDA FOR THE USES AND PURPOSES AFORESAID, ON THIS 30 DAY OF MAY 2002.

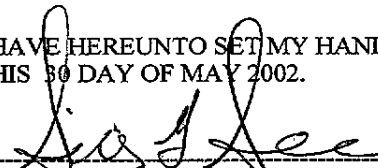

INCORPORATOR


INCORPORATOR

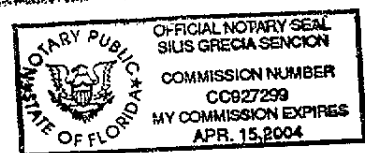
STATE OF FLORIDA)
COUNTY OF PALM BEACH)

BEFORE ME PERSONALLY APPEARED, JUAN MANUEL CHILAPA
TO ME KNOWN TO BE THE PERSON DESCRIBED AND WHO PRODUCED FLORIDA
DRIVER LICENSE# C-6410 433 730570
AS IDENTIFICATION AND DID NOT TAKE AN OATH AND WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION AND WHO FREELY AND VOLUNTARY ACKNOWLEDGED
BEFORE ME ACCORDING TO LAW THAT THEY MADE AND EXECUTED THE SAME FOR THE
USES AND PURPOSES THEREIN MENTIONED AND SET FORTH.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND OFFICIAL SEAL AT WEST
PALM BEACH FLORIDA THIS 30 DAY OF MAY 2002.


NOTARY PUBLIC OF FLORIDA

SILIS GRECIA SENCION
MY COMMISSION EXPIRES : APRIL 15, 2004



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

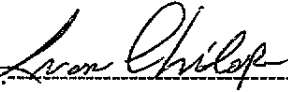
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZER UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, I THE STATE OF FLORIDA.

1-THE NAME OF THE CORPORATION IS, JM MANSORY SERVICES INC.

2- THE NAME AND ADDRESS OF THE REGISTERED AGENT IS JUAN MANUEL CHILAPA 4791 SARATOGA RD APT. 01 WEST PALM BEACH FL. 33415

SIGNATURE

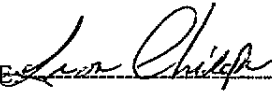


TITLE: INCORPORATOR

DATE : May 29, 2002

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



DATE: May 29, 2002