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To:

Division of Corporations

Fax Number : {850}205-0381

From:

ACCOUNT Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 * (305)634~3694 Fax Number

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

JOHN CLARKE, P.A.

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ARTICLES OF INCORPORATION

OF

JOHN CLARKE, P.A.

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: JOHN CLARKE, P.A.

ARTICLE II DURATION

This corporation should have perpetual existence.

ARTICLE III PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 127 N.E. 167 STREET, NORTH MIAMI BEACH, FL 33162.

ARTICLE IV PURPOSE

The purpose of this corporation shall be: REAL ESTATE SALES.

ARTICLE V CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 shares common stock having an individual par value of 1.00.

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ARTICLE VI INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: DOUGLAS R. LUPISELL, 6901 S.W. 6 STREET, PEMBROKE PINES, FL 33023.

ARTICLE VII BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

PRESIDENT/DIRECTOR
JOHN CLARKE

11855 N.E. 19TH DRIVE, APT.#12 NORTH MIAMI, 33181

ARTICLE VIII INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7th PLACE MIAMI, FL 33127

The undersigned has (have) executed these Articles of Incorporation this 21ST_day of MAY, 2003.

INCORPORATOR
Ray Stormont Signing for

Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

O3 MAY 21 AM 8: 17 SECRETARY OF STATE

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