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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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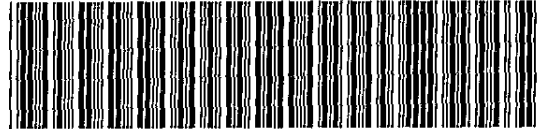
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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KEY KNOWLEDGE INSURANCE, INC.

9101-C S.W. 19TH PLACE FORT LAUDERDALE, FL. 33324
PH: (954) 382-5259 E-MAIL: KeyKnowlIns@AOL.COM FAX: (954) 382-0080

F A X C O V E R S H E E T

Attention: Division of Corporations _____ Date: 8/23/2003

Company: Department of State _____ Pages: _____

From: **MARIA A. RYALS**

Regarding: Luis Jimenez Corporation, Inc.

Message: Enclosed are articles of incorporation and filing fees for Luis Jimenez Corporation, Inc.
Please return proof of filing to Incorporator.

Maria Ryals c/o
Key Knowledge Insurance, Inc.
9101 -C S.W 19th Place
Fort Lauderdale, Fla. 33324

Thank you for your earliest response to the above.

Sincerely,

Maria Ryals

TRANSMITTAL LETTER

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

SUBJECT: LUIS JIMENEZ CORPORATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: LUIS JIMENEZ CORPORATION, INC.
Name (Printed or typed)

3032 N.W 29TH

Address

MIAMI, FLORIDA. 33142

City, State & Zip

305 - 634 - 0025

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

LUIS JIMENEZ CORPORATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3032 N.W. 29TH STREET
MIAMI, FLORIDA 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED
UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRESIDENT: LUIS JIMENEZ
VICE- PRESIDENT. LUIS JIMENEZ
SECRETARY. LUIS JIMENEZ
TREASURER: LUIS JIMENEZ

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARIA RYALS
9101-C S.W. 19TH PLACE
FORT LAUDERDALE, FL. 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS JIMENEZ
3032 N.W. 29TH STREET
MIAMI, FL. 33142

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Maria a Ryals
Signature/Registered Agent

8/18/03
Date

Luis Jimenez
Signature/Incorporator

08/18/003
Date

FILED
03 AUG 25 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA