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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

JK A FINANCIAL CORP.

Certificate of Status	0
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09-13-04

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

JKA Financial Corp.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: JKA Financial Corp.

The principal place of business of this corporation shall be: 19355 Turnberry Way, Suite 14K, Aventura, FL 33180

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

JACQUELINE ABITZOL DE KHOUDARI
PRESIDENT AND SECRETARY

19355 Turnberry Way Suite 14K
Aventura FL 33180

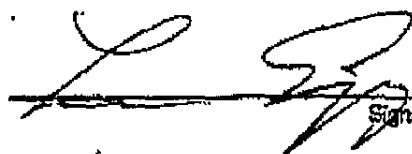
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LEON GONZ
19495 Biscayne Blvd, Suite 701
Aventura, FL 33180

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

X Ninth day of September, 18 2004.



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: JKA Financial Corp

2. The name and address of the registered agent and office is:

LEON EGOR P.A.

(Name)

19495 Biscayne Blvd. Suite 705

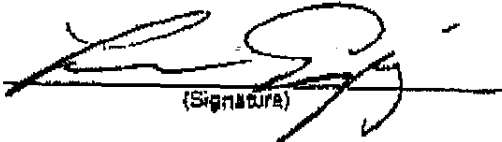
(P.O. Box not acceptable)

AVENUE, FL 33180

(City/State/Zip)

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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)

9-10-04

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL