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NonProfit	Resignation of R.A., Officer/Director	
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OTHER FILNGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
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# ARTICLES OF INCORPORATION OF

LJR Consultants, Inc

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

## **ARTICLE I**

The name of the corporation shall be:

LJR Consultants, Inc.

### **ARTICLE II**

The principal place of business and mailing address of this corporation shall be

224 Catalonia Avenue Coral Gables, FI 33134

# **ARTICLE III**

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

500 shares (five hundred) @ \$ 1.00 (one dollar)

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Valentin Lopez 224 Catalonia Avenue Coral Gables, Fl 33134

# ARTICLE V INCORPORATOR (S)

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

Tim Linehan, President 224 Catalonia Avenue Coral Gables, FI 33134

The undersigned has (have) executed these Articles of Incorporation this 19th day of October 2004.

Signature/ Title

#### **CERTIFICATE OF DESIGNATION**

# REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Status, 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: LJR Consultants, Inc.
- 2. The name and address of the registered agent and office is:

Valentin Lopez 224 Catalonia Avenue Coral Gables, FI 33134

Signature

Title

Date '

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SECRETARY OF STAIL

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature

Date