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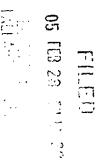
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C.J. 4-11

TRANSMITTAL LETTER

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

SUBJECT:	Jamevican Insu (PROPOSED CORPORA)	rance asency TENAME-MUST INCLU	Ine2(d6a) J.I.A.Inc. 2
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and a	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Sandra M	Henry Printed or typed)	
	2655 Pine	Tree D	rive

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 9, 2005

SANDRA M. HENRY 2655 PINE TREE DR. MIRAMAR, FL 33023

SUBJECT: JAMEYICAN INSURANCE AGENCY INC. 2

Ref. Number: W05000012103

We have received your document for JAMEYICAN INSURANCE AGENCY INC. 2 and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 905A00016183

Carolyn Lewis
Regulatory Specialist II
New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICL	KS	OF IN	CORPO	RA	TION
M. II. I I I I I I I I I I I I I I I I I		 			

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

ARTICLE]	NAME

The name of the corporation shall be:

Jamerican Insurance Agency Inc #

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6932 Stirling Road Hollywood, 7133024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of Insurance

<u>ARTICLE IV</u> SHARES

The number of shares of stock is:

707

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sandra m Henry President 2655 Rine tree Drive

Miramar, H 33023

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent

Sandra M Henry 2655 Pine Treet Drive Miramar, 76 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sandra M Henry 2655 Pine Tree Drive Miraman H 33023

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