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TRANSMITTAL LETTER

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

SUBJECT: 2JK MANAGEMENT INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the art \(\sum \\$78.75 \) Filing Fee	sicles of incorporation and □ \$78.75 Filing Fee	× (\$87.50	
7 mily rec	& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status	
FROM:		T J. KOMLO (Printed or typed) CA CIEGA DE Address		
	561-	FL 34/1; 7, State & Zip 2/2-4490 Telephone number	2	

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

ARTICLES OF INCORPORATION FILEN In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 05 MAY 18 AM 8: 29 ARTICLE I NAME The name of the corporation shall be: SECRETARY OF STATE TALLAHASSEF FLORIDA RIK MANAGEMENT, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3187 BOCA CIEGA DR MAPLES, FL 34112 ARTICLE III *PURPOSE* The purpose for which the corporation is organized is: TO PROVIDE BUSINESS CONSULTING SERVICES ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): ROBERT J KOMOU CATHY S. CLEMENT 4440 N. DCEAN BLUB #1 3187 BUCA CIEGA DR. NAPLES, FL 34112 DELRAY BEACH, FL 33483 PLESIDENT SECRETARY TICLE VI REGISTERED AGENT VICE PRESIDENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ROBERT J. KOMLO 3187 BOCA CIEGH DR NAPLES FL 34112 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ROBERT J. KOMLO 3187 BOCA CIEGA DR NAPLES FL 34112 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 Robert J. Komlo Signature Registered Agent 5/14/05 Date

Signature/Incorporator

ROBERT J. KOMLO

5/14/05 Date