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| (Requestor's Name)  |       |
|---|-------|
| (Address)   |       |
| (Address)   | •<br> |
| (City/State/Zip/Phone #)  |       |
| PICK-UP WAIT MAIL   |       |
| (Business Entity Name)  |       |
| (Document Number)   |       |
| Certified Copies Certificates of Status   |       |
| Special Instructions to Filing Officer:   |       |
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| . Office Use Only   |       |
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TALLABLASSES, FLOODER

# TRANSMITTAL LETTER

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

| SUBJECT: Jonela     | (PROPOSED CORPORA                          | ATE NAME – <u>MUST INCL</u>                        | UDESUTELX)   | _           |
|---------------------|--|--|--|-------------|
| Enclosed are an ori | ginal and one (1) copy of the art          | ticles of incorporation and                        | l a check for:   |             |
| \$70.00 Filing Fee  | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED  |             |
| prose M             | aritora Sacada                             |  |  |             |
| FROM: M             | aritere Secada<br>Nam                      | e (Printed or typed)                               | · 9/   |             |
|                     | 7925 N.W. 12th Street Suite #11            | 7<br>Address                                       | <u> </u>   |             |
|                     | Miami, Florida 33126                       | , State & Zip                                      | <u>, programa de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición dela comp</u> | r y s ka    |
|                     | (305) 667-7224                             | Telephone number                                   | <del></del>  | <del></del> |

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



RECEIVED

FAIT ANASSEE FLORIST

FLORIDA DEPARTMENT OF STATE 05 JUN -7 PM 12: 41 Glenda E. Hood Secretary of State Comment of the second VISITA CE CORFORATI HE

May 24, 2005

MARITERE SECADA 7925 N.W. 12TH STREET SUITE 117 MIAMI, FL 33126

SUBJECT: JONELA CORP. Ref. Number: W05000025828

We have received your document for JONELA CORP.. However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 505A00037327

### 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:

Jonela Corp

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7925 N.W. 12th Street Suite 117 Miami, Florida 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Investment Purposes

# ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ \$100.00 a share

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jon Secada-President (50%) Maritere Secada-Vice President (50%) address same for both above: 7925 N.W, 12th Street #117 Miami, Florida 33126

#### ARTICLE VI REGISTERED AGENT

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

Teresa Vilar 305 Alcazar Ave Coral Gables, Florida 33134

| ARTICLE VII INCORPORATOR The name and address of the Incorporator is:         | ···  | -            |
|---|--|--------------|
| Jon & Maritere Secada<br>7925 N.W. 12th Street #117<br>Miami, Florida 33126   |  |              |
| ********************  | *******************************            | ****         |
| Having been named as registered agent to accept service of process for the    |  | nated in thi |
|   |  |              |
| certificate, I am familial with and accept the appointment as registered agen | t and agree to act in this capacity        |              |
| Certificate, I am jamiliar with and accept the appointment as registered agen | t and agree to act in this capacity 6-2-05 |              |
| Signature/Registered Agent  |  | · ·          |
| maria deserver du Core  | 6-2-05                                     | <del></del>  |
| maria deserver du Core  | 6-2-05<br>Date                             |              |