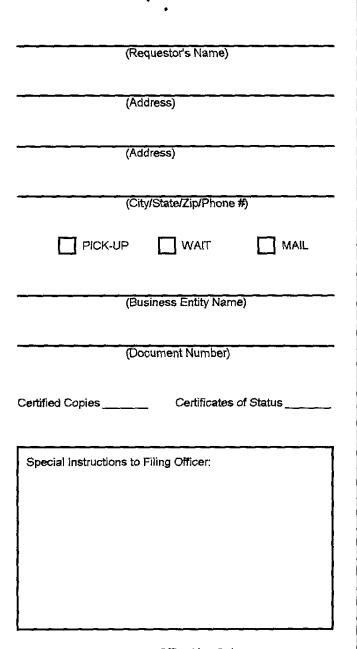
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Office Use Only



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Who has the said of

05 SEP 12 PH 2: 52

180009-13-05

TRANSMITTAL LETTER

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

SUBJECT: J. L. WOLF, INC.					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Englosed ere/en orig	inal and one (1) copy of the ar	ricles of incorporation an	d a check for		
\$70.00	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:		WING NETU (Printed or typed) V. 43 P. AVE Address	Ÿ** »		
	POMPAN	Address O BEACH, FL O State & Zip O 75-7939 Telephone number			

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

In compliance with Chapter 607 and/or Chapter	r 621, F.S. (Profit)	
ARTICLE I NAME		FILED
	. WOLF, INC.	05 SEP 12 PM 2: 52
• •		SECRETAR FALL AHASS/ FIFT DRIDA
ARTICLE II PRINCIPAL OFFICE		ARTT ALLANDON DIEDER DER BER
The principal place of business/mailing address	is: 620 N. W. 43r Coconut Cree	d Avenue k, FL. 33066
under the laws of the Un any other state, country ARTICLE IV SHARES	lawful activiti nited States, t y, territory or	es or business permitte he State of Florida, or
620 P	than L. Wolf, Presid WW 43rd Avenue, mut Creek, FL. 3306	
article vi <u>registered age</u> i		
The name and Morida street address of the re-	gistered agent is:	
•	Jonathan L. Wol 620 NW 43rd Av	•••
ARTICLE VII INCORPORATOR	Coconut Creek, 1	
The name and address of the Incorporator is:	Jonathan L. Wolf 620 NW 43rd Ave	-
	Coconut Creek, F	L. 33466
**************************************	of process for the above st	ated corporation at the place designated in t
Signature/Ragistered Agent		Date
Mols		Sept. 6, 200 5
Signature/Incorporator		Date