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	To: Division of Corporations Fax Number : (850)205-0381
	From: Account Name : FAS-T CORP. AGENTS, INC. Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

## JOLUKA, INC

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### ARTICLES OF INCORPORATION

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DECLATASSEE, PLORIDA

OF

### Joluka, Inc

The Undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

#### ARTICLE 1 NAME

The name of the Corporation shall be:

### Joluka, Inc

#### ARTICLE II PRINCIPAL OFFICE

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

7741 NW 7 Street suite # 512 Miami, Fl 33126

### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time and the Distribution is as follow:

200 SHARES 1.00 Each

Jose A Alemar

**200 SHARES** 

### ARTICLE IV INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation is as follow:

Jose A. Alemar 7741 NW 7 Street # 512 Miami, Fl 33126

The undersigned have executed these Articles of Incorporation this 10 Days of November 2005

PRESIDENT/INCORPORATOR

### ARTICLE V BUSINESS ACTIVITY

The Company will participate in all legally Business Activity.

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## CERTIFICATE OF DESIGNATION

### **REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statues, 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:

### Joluka, Inc.

The Name and Address of the registered agent and office is:

Jose A. Alemar 7741 NW 7 Street # 512 Miami, FI 33126

Signature 🤿

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCEDURE FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREED TO ACT IN THIS CAPACITY. TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERD AGENT.