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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FAXED

FLORIDA PROFIT CORPORATION OR P.A.

ISSAC JIREH, INC.

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B. McKnight NOV 16 2005

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ARTICLES OF INCORPORATION
OF
ISSAC JIREH, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **ISSAC JIREH, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **920 S.W. 19th Avenue, Apt. 1, Miami, FL 33135.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one- hundred (100) shares having a par value of (1.00) one-dollar per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Carlos Sabalza, 920 S.W. 19th Avenue, Apt. 1, Miami, FL 33135.**

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial officer and director is **P, Carlos Sabalza, S/T, Olga Ramirez, 920 S.W. 19th Avenue, Apt. 1, Miami, FL 33135.**

The undersigned has executed these Articles of Incorporation this 14th day of November 2005.

"Capital Connection, Inc. by, Leilani White, Client Representative"



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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Issac Jireh, Inc.

2. The name and street address of the registered agent and office is:

Carlos Sabalza
920 SW 19th APT 1 Miami, FL
33135

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



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