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TRANSMITTAL LETTER

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

SUBJECT:	J.L.B BROTHER	S CORP	
SCHOOL .	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the art	icles 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 PPY REQUIRED
FROM: JU	AN CHAVARRIAGA	(D)	
	Name	(Printed or typed)	
<u>8</u>	8004 NW 154Th STREET SUITE	Address	
<u>1</u>	MIAMI LAKES, FLORIDA 33016	, State & Zip	
9	954-721-1855 Daytime T	Celephone number	

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

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:

J.L.B BROTHERS CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8004 NW 154 STREET STE 448 MIAMI LAKES, FLORIDA 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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):

JUAN CHAVARRIAGA (DIRECTOR) 8004 NW 154 STREET STE 448 MIAMI LAKES, FLORIDA 33016 JUAN GARCIA (DIRECTOR) 8004 NW 154 STREET STE 448 MIAMI LAKES, FLORIDA 33016

ARTICLE VI REGISTERED AGENT

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

JUAN CHAVARRIAGA 8004 NW 154 STREET STE 448 MIAMI LAKES, FLORIDA 33016

ARTICLE VII ___ INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JUAN CHAVARRIAGA 8004 NW 154 STREET STE 448 MIAMI LAKES, FLORIDA 33016

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

Signature/Registered Agent

Signature/Incorporator

//2//05 Date

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