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(Req	uestor's Name)
(Add	ress)
(Add	lress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
	Office Use Only

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COVER LETTER

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

SUBJECT: JKXX C	3P	
Enclosed are an original and one (1) copy of the arti	TE NAME - MUST INCL	
▼ \$70.00	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: RICHARD IVANS	/n·	
201 S BISCAYNE BLVD,	(Printed or typed) SUITE 400 Address	
MIAMI, FL 33131	State & Zip	
305-595-1267	elephone 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:
JKXX CORP
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131
MAILING ADDRESS: P. O. BOX 14-4597, CORAL GABLES, FL 33114
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS
ARTICLE IV SHARES
The number of shares of stock is: 500
500
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
APR 13
Fig. W. L
ARTICLE VI REGISTERED AGENT
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131

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
00m
111.00

Signature/Registered Agent

Signature/Incorporator