POG000140351

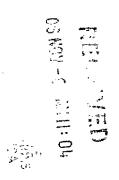
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cit	y/State/Zip/Phone	⇒ #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	PICK-UP	WAIT	MAIL
(Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	(Business Entity Name)		
Certified Copies Certificates of Status	,	, , , , , ,	,
Certified Copies Certificates of Status	(Decument Number)		
	(33	, , , , , , , , , , , , , , , , , , , ,	
	Catified Carlos	Cartificator	of Status
Special Instructions to Filing Officer:	Certified Copies Certificates of Status		
Special Instructions to Filing Officer:			
	Special Instructions to Filing Officer:		

Office Use Only



700081036927

11/06/06--01016--010 **78.75



SECRETARY OF STATE

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time Mail out Certificate of Status Will wait Photocopy **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit. Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

J.A. MARKeting, Inc.

2006 NOV -6 AM 11: 4C SECRETARY OF STATE TALLAHASSEE, FLORID

ARTICLE II - PRINCIPAL OFFICE

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

14930 SW 151 Terrace Niami Fl 33154

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ramon Torres. 14930 SW 157 Terrace

Mia Fl 33196

FAX NO. :3052201440

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is: ILeana Alvarez 14930 SW 151 Terrace Mia FI 33196 The undersigned incorporator has executed these Articles of Incorporation this day of 2006.

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of incorporation is (are):

> ILeana Alvarez 14930 SW 151 terrace Mia H 33196

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named:as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete/performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature