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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

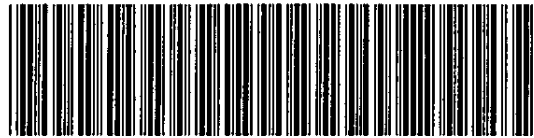
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 FEB 11 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AA  
2-12-08

**COVER LETTER**

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

**SUBJECT: JOHANNY SERVICES, INC.**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: **RAMON REYES**  
Name (Printed or typed)

**5035 PALM AVE**  
Address

**HIALEAH, FL 33012**  
City, State & Zip

**305-822-0669**  
Daytime Telephone 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)

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**ARTICLE I NAME**

The name of the corporation shall be:

**JOHANNY SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3501 NW 71 ST  
MIAMI, FL 33147

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFULL SERVICE**

**ARTICLE IV SHARES**

The number of shares of stock is:

**10,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

**PRESIDENT:**

**JUANA F. PEREZ BENCOSME  
17095 NW 23 ST  
PEMBROKE PINES, FL 33028**

**VICE-PRESIDENT:**

**ERNESTO S. BENCOSME SANCHEZ  
17095 NW 23 ST  
PEMBROKE PINES, FL 33028**

**VICE-PRESIDENT:**

**YOHANNY M. BENCOSME PEREZ  
17095 NW 23 ST  
PEMBROKE PINES, FL 33028**

**SECRETARY:**

**KENIA N. BENCOSME PEREZ  
17095 NW 23 ST  
PEMBROKE PINES, FL 33028**

**TREASURER:**

**ERNESTO J. BENCOSME PEREZ  
17095 NW 23 ST  
PEMBROKE PINES, FL 33028**

**ARTICLE VI REGISTERED AGENT**

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

JUANA F. PEREZ BENCOSME  
17095 NW 23 ST  
PEMBROKE PINES, FL 33028

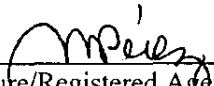
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:


JUANA F. PEREZ BENCOSME  
17095 NW 23 ST  
PEMBROKE PINES, FL 33028

\*\*\*\*\*

*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

2/7/2008  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/7/2008  
\_\_\_\_\_  
Date

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