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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 DEC -3 PH 3:





Date NOVEMBER 27 OF 2009

| i i | |
|---|---|
| Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | * |
| Re JAC | SUPPLIES, CORPORATION |
| | (name of corporation) |
| | |
| Gentlemen: | |
| Enclosed please find the original and o check in the amount of \$ 122.50 | me copy of Articles of Incorporation, together with my |
| This represents the cost of the Filing Fe for Registered Agent Designation for | ees, Certified Copy of Articles of Incorporation and Fee the above named corporation. |
| | Very truly yours, |
| | |
| | |
| | |
| | (individual's name) |
| | (individual 2 fiame) |
| | |
| | JAC SUPPLIES, CORPORATION |
| | (name of corporation) |
| | MAILING ADDRESS OF CORPORATION |
| | |
| | 201 00 62 145 |
| | 301 SW 63 AVENUE |
| | · |
| | |
| | MIAMI, FL 33144. |
| • | } |
| i i | |
| | PHONE |
| | (305) 603-8116 |
| | Area .Code Number Ext. |

ARTICLES OF INCORPORATION

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| <u> </u> | (nune of corporati | on) | |
|---|---|-----------------------------------|---|
| The undersigned subscriber(s) corporation under the laws of | to these Articles of Incorporation, na | | • |
| • | | TC NAME | 09 DEC |
| ans de l | ARTICLE I - CORPORA | IE NAME | |
| The name of the corporation | • | | 题。 |
| | JAC SUPPLIES, CO | RPORATION | TO THE |
| | ARTICLE II - DURA | TION | 3: 48 F STATE |
| This corporation shall exist p | erpetually unless dissolved according | g to Florida law. | STA OF |
| | ARTICLE III - PUR | POSE | • |
| The corporation is organized (United States and the State | or the purpose of engaging in any acof Florida. | tivities or business permitted | under the laws of the |
| • | ARTICLE IV - CAPITAL | L STOCK | |
| The corporation is authorized | to issue FIVE HUNDREDS | _ shares (500) of <u>ONE</u> | 1 |
| Dollar(s) (\$ 1.00 |) par value Common Stock, w | - hich shall be designated "Co | ommon Shares." |
| 400 | TICLE V - INITIAL REGISTERED | OFFICE AND AGENT | |
| _ | al Registered Agent office and the na | | Agent at that office is: |
| the greet address of the tutt | at Registered Agent office and the in- | mie of the fulfair Registered i | TROUGH BY THAT OFFICE IS. |
| NAME JIMMY RAFAEI | AVILES TERCERO | | ····· |
| ADDRESS 301 SW 63 AVE | NUE | · · | |
| CTTY MIAMI FLORI | DA | | ZIP 33144 |
| | n, or the mailing adress of the corp | poration is: | |
| NME | | | |
| | · · | | _ |
| ADDRESS 301_SW 63 AV | | | 20.22144 |
| CITY MIAMI FLOR | | | ZIP 33144 |
| | ARTICLE VI - INITIAL BOARD | | , |
| | TWO (2) directly time to time by the By-Laws, but tor(s) of the corporation are as follows: | | (1). The names and |
| NAME JYMMY RAFAEI | AVILES TERCERO, PRES | IDENT & TREASURER | |
| ADDRESS 301 SW 63 AV | ENUE | · | · |
| CITY MIAMI | | STATE FLORIDA | Z1P 33144 |
| NAME MIRNA DE LOS | ANGELES AVILES CASTI | LLO, V PRESIDENT | & SECRETARY |
| ADDRESS 301 SW 63 AV | | | , |
| | | STATE FLORIDA | ZJP 33144 |
| A GILL | | M217464 | |
| NAME | | | |
| ADDRESS | | | |
| | | | 710 |

ARTICLE VIL - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

| DORESS 301 SW 63 AVENUE | |
|--|--|
| DDRESS 301 SW 63 AVENUE | · |
| MIAMI | STATE FLORIDA ZDP 33144 |
| AME MIRNA DE LOS ANGE | LES AVILES CASTILLO |
| DDRESS 301 SW 63 AVENUE | |
| MIAMI . | STATE FLORIDA ZIP 33144 |
| INE | |
| DDRESS | |
| TY | STATE ZIP |
| lay of <u>NOVEMBER</u> , <u>200</u> | (Scotter) (Scotter) |
| | (Se |
| |) SS) |
| COUNTY OF MIAMI-DADE |) |
| COUNTY OF MIAMI-DADE |) ss) |
| COUNTY OF MIAMI-DADE |) SS take acknowledgments in the State and County set forth above, personall PASSPORT No. C1477320 REPUBLICA DE NICARAGUA |
| COUNTY OF MIAMI-DADE |) SS take acknowledgments in the State and County set forth above, personall PASSPORT NO. C1477320 REPUBLICA DE NICARAGUA Form of Identifications |
| COUNTY OF MIAMI-DADE |) SS take acknowledgments in the State and County set forth above, personally PASSPORT No. C1477320 REPUBLICA DE NICARAGUA Formal Meanification FLORIDA DRIVER LICENSE No. A142-544-87-666-0 |
| COUNTY OF MIAMI-DADE |) SS take acknowledgments in the State and County set forth above, personall PASSPORT No. C1477320 REPUBLICA DE NICARAGUA Formal Mestification FLORIDA DRIVER LICENSE |
| ppeared: |) SS take acknowledgments in the State and County set forth above, personally PASSPORT No. C1477320 REPUBLICA DE NICARAGUA Formal Meanification FLORIDA DRIVER LICENSE No. A142-544-87-666-0 |
| country of MIAMI-DADE efore me, a Notary Public authorized to ppeared: |) SS take acknowledgments in the State and County set forth above, personall PASSPORT No. C1477320 REPUBLICA DE NICARAGUA Formal Meanification FLORIDA DRIVER LICENSE No. A142-544-87-666-0 |
| clore me, a Notary Public authorized to ppeared: Signature Signature Signature | PASSPORT NO. C1477320 REPUBLICA DE NICARAGUA Form of Identification Who executed the foregoing Articles of Incorporation, who acknowledged before |
| country of MIAMI-DADE clore me, a Notary Public authorized to ppeared: Signature Signature Signature THEY | PASSPORT No. C1477320 REPUBLICA DE NICARAGUA Formalidatificatios FLORIDA DRIVER LICENSE No. A142-544-87-666-0 Formalidatificatios Formalidatificatios Formalidatificatios |
| Signature Signature | PASSPORT No. C1477320 REPUBLICA DE NICARAGUA Form of Identification Form of Identification Form of Identification who executed the foregoing Articles of Incorporation, who acknowledged before ticles of Incorporation, that I relied upon the form of Identification of the above in name, and that an oath was not taken. |
| country of MIAMI-DADE clore me, a Notary Public authorized to ppeared: Signature Signature nown to me and known to be the person(s) | PASSPORT No. C1477320 REPUBLICA DE NICARAGUA Formalidatificatios FLORIDA DRIVER LICENSE No. A142-544-87-666-0 Formalidatificatios Formalidatificatios Formalidatificatios |

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT 09 DEC -3 PM 3: 48

OF

SECRETARY OF STATE

JAC SUPPLIES, CORPORATION

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

| at | 301 SW 63 AVENUE |
|---------------|---|
| | MIAMI, FLORIDA 33144 |
| has named _ | JIMMY RAFAEL AVILES TERCERO |
| located at th | e aforesaid address, as its Registered Agent to accept service of process |
| within this s | itate. |

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.