TRANSMITTAL LETTER

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

P.O. Box 5822

Hudson, FL 34674

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			- (14)	H31.25	in in the
		PAISE INC.	iffix)		
Enclosed is an original an for : \$70.00 [Filing Fee	nd one (1) cop \$78.75 Filing Fee & Certificate	oy of the articles of \$122.50 Filing Fee & Certified Copy	Incorporation an \$131.25 Filing Fee, Certified Copy & Certificate	1	
FROM:	JENNIE Name	ER B. MOREHE (printed or typed)	AA	95 IIR 25 T	
	IIPAO WINN	Address			14,24
en e	(813)86	14. 34654 1ty, State & Zip 19-8264 2 Telephone number		40/2	
J.M. ENTERPRISE - Management Recruiment Special - O.E.M. Automotive & Transportation - Apparel & Home Furnishings - Professional, Confidential, Efficient	nlists —		2	?	
Engineering		NAN original and one	CY HENDRICK copy of the a	S APR-25 articles.	1995

Phone & Fax

(813) 869-8264



April 14, 1995

JENNIFER MOREHEAD 11640 MINNEOLA DR. NEW PORT RICHEY, FL 34654

SUBJECT: J.M. ENTERPRISE INC. Ref. Number: W95000008075

We have received your document for J.M. ENTERPRISE INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

lancy Hendricks orporate Specialist

Letter Number: 895A00017292

ARTICLES OF INCORPORATION

95 AFR 25 M 3

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.M. ENTERPRISE, INC.

J.M. CHTERPRISE MANAGEMENT RECPUIPMENT SPECIALISTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

11640 MINNEOLA DR. N.P.R., FL. 34654

ARTICLE III SHARES

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

One Thousand (1000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jennifer . Morehead 11640 Minneola Dr. New Port Richey, FL 34654

ARTICLE V INCORPORATORISI

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

Jennifer 8. Morehead
11640 Minneola Dr.
New Port Richey, FL 34654

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

	***	•
The name	e of the corporation is: <u>3M Enterprise</u>	- Inc.
	J.M.EHTESPRIER MANAGEMEN	IT RECOURMENT SPECIALISTS, ENG
The name	e and address of the registered agent and office is	s:
	Jennifer 8. Morehead	
	Jennifer 8. Morehead (Name)	:-!(n (f)
		(-13) (-13)
	(Name)	5
	(Name) 11640 Minneola Dr. (P.O. Box not acceptable)	150 ES 25
	(Name) 11640 Minneola Dr.	

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Date)