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A. ERNEST CRUZ, MBA, J.D. PA

TRANSMITTAL LETTER

Department of State
Division of Corporation
PO Box 6327
Tallahassee FL 32314

FILED
95 APR 27 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: JYMAX DEVELOPERS, INC
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM: A. ERNEST CRUZ, MBA, J.D. PA
3900 NW 79 AVENUE, SUITE 737
MIAMI FL 33166

(305) 591-9448

100001467321
-04/27/95- -01113--009
****122.50 ****122.50

Note: additional copy of articles is needed only when certified copy is requested.

Dmc
5/3/95

3900 NW 79TH AVENUE
SUITE 737
MIAMI, FL 33166
(305) 591-9448

9825 WEST SAMPLE ROAD
SUITE 207
CORAL SPRINGS, FL 33065
(305) 753-7599

FILED
95 APR 27 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

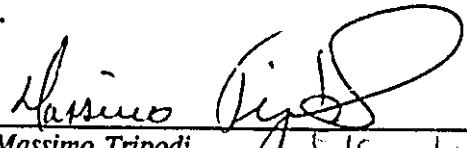
WE, the undersigned natural person of the age of twenty-one or more, acting as incorporator of a corporation under title 607.164, of the LAWS of the State of Florida, adopt the following Articles of Incorporation for such corporation.

1. The name of the corporation, hereinafter referred to as the Corporation, shall be
Jymax Developers, Inc.
2. The duration of the Corporation shall be perpetual.
3. The object and purpose for which the Corporation is formed is to engage in the business of construction and development and any other business permitted by law.
4. The aggregate number of shares which the Corporation is initially authorized to issue is one thousand (1000). There shall be one class of stock with a par value of \$1.00. There shall be no preferences, qualifications, limitations, restrictions or special rights with respect to the one class of stock.

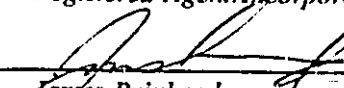
5. *Shareholder have the pre-emptive right to acquire additional shares of stock.*
6. *Provisions for the regulation of the internal affairs of the Corporation are contained in the By-Laws of the Corporation.*
7. *The Corporation will not commence business until at least one thousand dollars (\$1,000) has been received by it as consideration for the issuance of shares.*
8. *The initial registered office and principal place of the Corporation shall be located at: 5148 NW 29 Court, Margate, FL 33063. The initial registered agent is Massimo Tripodi.*
9. *The following persons shall constitute the initial Board of Directors of the Corporation, and shall serve until the first annual meeting, or until, their successors shall be elected: Massimo Tripodi, whom resides at 1302 SE 2nd Avenue, Dania, FL 33004 and James Reinhard, whom resides at 5148 NW 29th Court, Margate, FL 33063.*
10. *The incorporators of this corporation are Massimo Tripodi and James Reinhard, whom resides at the address stated in Paragraph 9.*

11. The Articles of Incorporation shall constitute a binding agreement and may be amended by the affirmative vote of majority of the Board of Directors in Office.
12. The registered agent acknowledges that she is familiar with and accepts, the duties and responsibilities of registered agent for this Corporation.

IN WITNESS WHEREOF, We have duly executed and adopted these ARTICLES OF INCORPORATION, on this ____ day of April 1995.

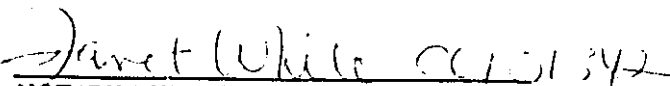


Massimo Tripodi
Registered Agent/Incorporator/Director



James Reinhard
Incorporator

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE OF FLORIDA, THIS 15 DAY OF April, 1995.



NOTARY PUBLIC Janet White

My commission expires:

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: May 4, 1995.
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 SEP 19 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PS5000034567

1. Corporation Name

JYMAX DEVELOPERS, INC.

Principal Place of Business

5148 NW 29 COURT
MARGATE FL 33063

Mailing Address

5148 NW 29 COURT
MARGATE FL 33063

If above addresses are incorrect in any way line through incorrect information and enter correction below



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***400.00 ***400.00

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite Apt # etc		Suite Apt # etc		04/27/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0576512	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional fee required for Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Name	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	TRIPODI, MASSIMO	1302 SE 2ND AVENUE	DANIA FL 33024
D	REINHARD, JAMES	5148 NW 29 COURT	MARGATE FL 33063

REINSTATEMENT '96

SCC 9-19-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TRIPODI, MASSIMO 5148 NW 29 COURT MARGATE FL 33063		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc	
		City	
		State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent	Massimo Tripodi	Date	9-16-96
REGISTERED AGENT MUST SIGN			

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Massimo Tripodi 9-16-96 954-968-5712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (7/96)