# P950000 64217 TRANSMITTAL LETTER

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

Tallahassee, FL 32314

SUBJECT: JACA-UCO TRADING 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  $\frac{122 + 50}{}$ .

200001564602 -09/18/95--01051--020 \*\*\*\*122.50 \*\*\*\*122.50

FROM:

SANTIAGO DE LA CRUZ
Name

9810 N.W. 80th Ave. Bay 8-P
Address

HIALEAH GARDENS, FL. 33016
City, State, & Zip

(305 ) 362-7055
Telephone Number

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

### **ARTICLES OF INCORPORATION**

QE .

JACA-UCO TRADING Inc.

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 | NAME

The name of the corporation shall be: JACA-UCO TRADING Inc.

| SECRETARY OF ST | 1995 AUG 18 AM 9 | דורנט |
|-----------------|------------------|-------|
|                 | SE<br>CO         | Ĺ     |

#### ARTICLE II PRINCIPAL OFFICE

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

6315 S.W. 138 Cr. # 1 KENDAL Fl. 33186

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5,000 SHARES OF COMMON STOCK, WITH A PAR VALUE OF \$1.00 PER SHARE.

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MARIA OTERO 6315 S.W. 138 Cr. # 1 KENDAL FL. 33186

### ARTICLE V INCORPORATOR(8)

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

MARIA OTERO 6315 S.W. 138 Cr. # 1 Kendal FL. 33186

| The undersigned has(have) executed these Articles of Incorporation this |                    |  |  |  |
|-------------------------------------------------------------------------|--------------------|--|--|--|
| FOURTEEN day of                                                         | AUGUST , 19 95 .   |  |  |  |
|                                                                         | Many Ole PRESIDENT |  |  |  |
|                                                                         | Signature/Title    |  |  |  |
|                                                                         | Signature/Title    |  |  |  |
|                                                                         | Signature/Title    |  |  |  |

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

| 1.                   | The name of the corporation is: JACA-UCO TRADING Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.                   | The name and address of the registered agent and office is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                      | MARIA OTERO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                      | (NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                      | 6315 S,W. 138 Cr. # 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                      | (P.O. BOX NOT ACCEPTABLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                      | KENDAL FL. 33186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                      | (CITY/STATE/ZIP)  ALCOHOLOGY  ALCOHOLogy |
|                      | (corporate office) S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                      | TITLE President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                      | DATE 8/14/95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| PF<br>TH<br>AN<br>PF | AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF IOCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE IOVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERDIRMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                      | SIGNATURE MANY COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                      | DATE 8/14/95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

**REGISTERED AGENT FILING FEE: \$35.00** 

# TO: DEPARTMENT OF STATE 5000 DATE FOR OFFICIAL USE NUMBER

STATE OF FLORIDA OFFICE OF STATE TREASURER TALLAHASSEE FLORIDA

| *****       | *********** |                    |       | متميد تميد المتمادة المتمادة |   |
|-------------|-------------|--------------------|-------|------------------------------|---|
| * FUND      |             | REASON RETURNED    | KEV # | • •                          | • |
| * GENERAL R | EVENUE 0.00 | INSUFFICIENT FUNDS | 1     | *                            |   |
| * TRUST     |             | ACCOUNT CLOSED     | 2     | * 2 *                        |   |
| + 000000    |             |                    |       |                              |   |
|             | 801.25      |                    |       |                              |   |

| CROSS<br>REF | DISTRIBUTION                         |        |        |
|--------------|--------------------------------------|--------|--------|
| REF          | SAMAS CODE                           | REASON | AMOUNT |
| 12           | 45-20-2-130001-45300000-00-000100-00 | 1      | 52.50  |
| 12           | /5-20-2-130001-45300000-00-000100-00 | 1      | 78.75  |
| 12           | 45-20-2-130001-45300000-00-000100-00 | 2      | 122.50 |
| 12           | 45-20-2-130001-45300000-00-000100-00 | 4      | 122.50 |
| 12           | 45-20-2-130001-45300000-00-000100-00 | 1      | 200.00 |
| 12           | 45-20-2-130001-45300000-00-000100-00 | 2      | 225.00 |

GRAND TOTAL:

801.25

Process Date: 08/24/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson

State Treasurer

OF STATE DIV. DE CAP. 8/22 59 10 25-61 21/2 1039 DOLLARS theont S.E.D. TRADING, INC. 9810 N.W. 80TH AVE., BAY 8-P HIALEAH GARDENS, R. 3016 3. mes back ALCO NATIONAL BARE OF BLANK

0EPT OF STATE 4500453 FOR DEPOSIT ONLY -08/18/95--01051--020 -----\*\*\*128.50

11 HZO GHIZ 52400 08-21 DAX FL 08 152400 08-21 DAX FL 08

(D)



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 13, 1995

SED Trading Inc. 9810 NW 80th Avenue Bay 8-P Hialeah Gardens, FL 33016

SUBJECT: JACA-UCO TRADING INC.

Ref. Number: P95000064217

Debit Memo #: 60688-D

This is to inform you that your check #1039 dated August 14, 1995 in the amount of \$122.50 and submitted for JACA-UCO TRADING INC. has been returned to us by your bank because of Refer to Maker.

We request that you remit a cashier's check or money order in amount of \$137.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Letter number: 295A00042127

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant I Division of Corporations

cc:Jaca-Uco Trading Inc. 6315 SW 138 Cr., #1 Kendal, Fl. 33186



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 16, 1995

SED Trading Inc. 9810 NW 80th Avenue Bay 8-P Hialeah Gardens, FL 33016

SUBJECT: JACA-UCO TRADING INC.

Ref. Number: P95000064217

Debit Memo #: 60688-D

Due to your failure to respond to our previous letter advising you of the returned check #1039, the Articles of Incorporation for JACA-UCO TRADING INC. have been cancelled and are considered not filed as of October 16, 1995.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Letter number: 995A00046576

Sincerely Melinda Lilliston Administrative Assistant I Division of Corporations

cc:Jaca-Uco Trading Inc. 6315 SW 138 Circle, #1 Kendall, Florida 33186