

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service \_\_\_\_\_ Two Day Service \_\_\_\_\_

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

*W96-4596*  
*2/29/96*  
*3/1/96*

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	2/29/96		
TIME	10:00h		CK No. _____
BY	<i>DT</i>		

WALK-IN  
 Will Pick Up \_\_\_\_\_

RE: Jazmin Corp  
EVERYTHING JAZMIN CORP

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> Cert. Copy(s)		
<i>Auto</i>		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S	400001727854	
<input type="checkbox"/> Fictitious Name File	-02729796--01023--020	
	*****70.00 *****70.00	
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( )	pgs.	

## SUBTOTALS

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1/10% discount on cash or ACH payment

THANK YOU  
 CAPITAL CONNECTION

96 MAR -1 11:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

93 FEB 29 AM 9:57  
 RECEIVED



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

February 29, 1996

CAPITAL CONNECTION, INC.  
P O BOX 10349  
TALLAHASSEE, FL 32302

SUBJECT: JAZMIN CORP  
Ref. Number: W96000004596

RECEIVED  
SEFEB 29 PM 4:13  
DIVISION OF CORPORATIONS

*JAZMIN CORP*

We have received your document for **JAZMIN-CORP** and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 996A00009014

*Corrected  
Thank-you*

**ARTICLES OF INCORPORATION**

**OF**

**EVERYTHING JAZMIN CORP**

**FILED**

96 MAR -1 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

EVERYTHING JAZMIN CORP

**ARTICLE II PRINCIPAL OFFICE**

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

2994 N. MIAMI AVE MIAMI FL 33127

**ARTICLE III CAPITAL STOCK**

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

500 SHARES AT \$1.00 PAR VALUE

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

MIGUEL CASTRO

2994 N. MIAMI AVE MIAMI FL 33127

**ARTICLE V INCORPORATION**

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

MIGUEL CASTRO 2994 N. MIAMI AVE MIAMI FL 33127

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26 day of FEBRUARY 19 96

Signature \_\_\_\_\_ PRESIDENT

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Articles of Incorporation**  
**Filing Fee - \$35**

**FILED**

**CERTIFICATE OF DESIGNATION FOR  
REGISTERED AGENT/REGISTERED OFFICE**

FORM -1 APR 11 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

1. The name of the corporation is: EVERYTHING JAZMIN CORP

2. The name and address of the registered agent and office is:

MIGUEL CASTRO

(Name)

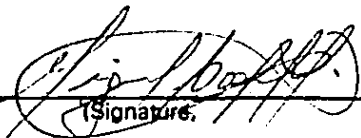
2994 N MIAMI AVE

(P.O. Box not acceptable)

MIAMI FL 33127

(City/State/Zip)

*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.*

  
(Signature)

2/26/98  
(Date)