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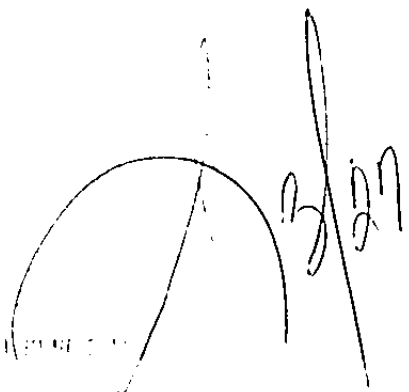
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9:48 AM

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: KAT COMPANY
DEPARTMENT OF STATE 1992 W. FLAGLER ST
STATE OF FLORIDA STATE 20
JAMES G. GIBBS JR. TAMPA FL 33615-
TALLAHASSEE FL 32301 CONTACT: R. STORMON
FAX: (904) 322-4000 PHONE: (305) 541-3894
FAX: (305) 541-3770
(((H9000004389))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: J. P. BUSINESS, CORP.
FAX AUDIT NUMBER: H90000004389 CURRENT STATUS: REQUESTED
DATE REQUESTED: 03/27/1996 TIME REQUESTED: 09:48:46
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
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NUM Connect: 00:09:06

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96 MAR 27 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PREPARED BY:

B & L Business Legal, Inc.

141 NE 3RD AVE #206

MIAMI, FL 33132

305-373-6211

ELYANE BECHTINGER

PREPARED BY:
B & L BUSINESS LEGAL, INC.
141 NORTH EAST 3RD AVENUE
SUITE NO. 206 (33132-0011) FLA
MIAMI, FL 33132 (305) 373-6211 FAX

ARTICLES OF INCORPORATION

ARTICLE I - NAME

THE NAME OF THIS CORPORATION IS: J. P. BUSINESS, CORP.

WITH THE PRINCIPAL PLACE OF BUSINESS LOCATED AT:

141 N.E. 3rd Avenue

Suite No. 206

Miami, FL 33132

ARTICLE II - PURPOSE

THIS CORPORATION SHALL HAVE THE PERPETUAL EXISTENCE AND MAY ENGAGE IN ANY AND ALL LAWFUL BUSINESS UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE III - CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE 1,000 SHARES OF ONE DOLLAR (\$ 1.00) PAR VALUE COMMON STOCK.

ARTICLE IV - PREEMPTIVE RIGHTS

EVERY SHAREHOLDER, UPON THE SALE FOR CASH OR ANY NEW COMMON STOCK OF THIS CORPORATION, SHALL HAVE THE RIGHT TO PURCHASE THEIR PRO RAT. SHARE (AS NEARLY AS MAY BE DONE WITHOUT ISSUANCE OF FRACTIONAL SHARES) AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

ARTICLE V - INITIAL REGISTERED OFFICE

THE STREET ADDRESS OF THE REGISTERED OFFICE OF THIS CORPORATION IS:

141 N.E. 3rd Avenue

Suite No. 206

Miami, FL 33132

THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

Jeronimo Pedrosa

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI -- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE 1 DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE INITIAL DIRECTOR(S) OF THIS CORPORATION IS/ARE:

Jeronimo Pedrosa
President / Director

ARTICLE VII -- INCORPORATOR

THE NAME AND ADDRESS OF THE PERSON SIGNING THIS ARTICLE IS:

Jeronimo Pedrosa
141 N.E. 3rd Avenue
Suite No. 206
Miami, Fl. 33132

ARTICLE VIII -- INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY ANY OFFICER OR DIRECTOR, OR ANY FORMER OFFICES OR DIRECTORS TO THE FULL EXTENT PERMITTED BY LAW.

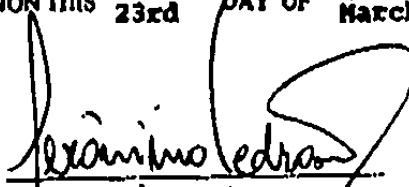
ARTICLE IX -- MANAGEMENT OF CORPORATION SHAREHOLDERS

ALL CORPORATE POWERS SHALL BE EXERCISED BY OR UNDER THE AUTHORITY OF, AND THE BUSINESS AND AFFAIRS OF THIS CORPORATION SHALL BE MANAGED UNDER THE DIRECTOR OF, SHAREHOLDERS OF THIS CORPORATION.

ARTICLE X -- BY LAWS

THE POWER TO ADOPT, AFTER, AMEND OR REPEAL BY-LAWS SHALL BE VESTED IN THE BOARD OF DIRECTORS AND THE SHAREHOLDER.

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 23rd DAY OF March OF 1996.


Incorporator

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STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN STATE
AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED,

JERONIMO PECROSA

KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF
INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED SAME.

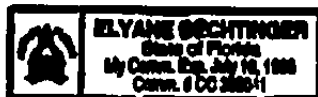
IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND AFFIXED MY OFFICIAL
SEAL,

IN THE STATE AND COUNTY AFORESAID THIS 23rd DAY OF March , 1996.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

My commission expires:



H 960000 04389

**CERTIFICATE DESIGNATING THE ADDRESS AND AN
AGENT UPON WHOM PROCESS MAY BE SERVED**

WITNESSETH:

THAT **J. P. BUSINESS, CORP.**, DESIRING TO ORGANIZE UNDER
THE LAWS OF THE STATE OF FLORIDA, WHICH WILL HAVE ITS PRINCIPAL OFFICE IN THE
COUNTY OF BADE, STATE OF FLORIDA, HAS APPOINTED:
Jeronimo Pedrosa

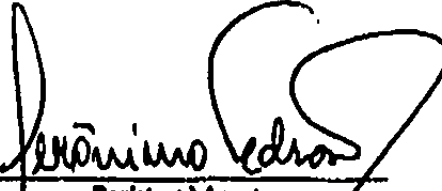
AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

ACKNOWLEDGMENT:

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:

J. P. Business, Corp.

TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE
DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE CAPACITY OF
REGISTERED AGENT FOR SAID CORPORATION, AND AGREE TO COMPLY WITH THE
APPLICABLE PROVISION OF THE FLORIDA STATUTES, THIS 23 DAY OF March, 1996.



Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Change of Address

▶ Please type or print.

OMB No. 1545-0043
Expires 5-31-95

▶ See instructions on back. ▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check ALL boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
▶ If on last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check box 1b.
2 ☐ Employment, excise, and other tax returns (Forms 941, 940, and 940-EZ)
▶ Enter your employer identification number here: _____
3 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
▶ For Forms 706 and 709 MA, enter the decedent's name and social security number below.

▶ Name

▶ Social security number

4a Your name (last name, initial, and last name)

4b Your social security number

5a Spouse's name (last name, initial, and last name)

6b Spouse's social security number

0 Prior name(s) See instructions

7a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Apt. no.

7b Spouse's old address, if different from line 7a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Apt. no.

8 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check ALL boxes this change affects:

- 0 ☒ Employment, excise, and other business returns (Forms 720, 941, 990, 1041, 1065, 1120, etc.)
10 ☐ Employee plan returns (Forms 5500, 5500-C/R, and 5500-EZ). See instructions.
11 ☒ Business location

12a Business name

12b Employer identification number

J. P. BUSINESS CORP

65 0651793

13 Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Room or suite no.

141 N.E. 3RD AVENUE MIAMI FLORIDA 33132

205

14 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions

Room or suite no.

1920 HALLANDALE BLVD HALLADALE FLORIDA 33009

617

15 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions

Room or suite no.

SAME

Part III Signature

Daytime telephone number of person to contact (optional) (954) 454-4199

Please
Sign
Here

Your signature

09/19/95

Date

If Part II completed, signature of owner, officer, or representative

09/19/95

Date

If joint return, spouse's signature

Date

Title

DIRECTOR