# P96000052140

### TRANSMITTAL LETTER

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

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	FROM:		Ph. Reynolds  (printed or typed)		SECRETA SECRETA	****
	<u> 2825 ട.ഡ. 5 <sup>th.</sup> C4.</u> Address			<del></del>	N 17 PHI2: PART OF STA ASSEE, FLOR	
		Ft. Laud	ex d. R. 1 e . F / . 333/2 ity, State & Zip	<del></del>	IATE ORIDA	
			<u>√- 79/-//06</u> • Telephone numbc <i>c</i>	<del></del>		

NOTE: Please provide the original and one copy of the articles.

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#### ARTICLES OF INCORPORATION

FILED 96 JUH 17 PH 12: 14

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 1 NAME

The name of the corporation shall be:

J.B. FAMILY ENTERPRISE INC.

ARTICLE II PRINCIPAL OFFICE

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

2825 S.W. 50CT.

Ft. LAUderdale, Fl. 33312

ARTICLE III **SHARES** 

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

INITIAL REGISTERED AGENT AND STREET ADDRESS **ARTICLE IV** The name and address of the initial registered agent is:

> Poseph Reynolds 2825 S.W. Set Ft. LAUderdAle, El. 33312

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

2825 3..... 542+

Ft. Lauderd Ale, Fl.

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

13 day of Quale , 19 96 .

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

96 JUN 17 PH 12: 14

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, ATHESEE, FLORIDA 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	Q. R. FAMILY ENTERPRISE TNE
2. The name and address of the	registered agent and office is:
Jose	igh Resealds (NAME)
2825 (F.	O. Box of Mail Drop Box NOT ACCEPTABLE)
Ft. LAU	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) (DATE)