

**CORPORATE
ACCESS,
INC.**

P96000097926

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

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Profit

1.) Julimar Apt's Inc.
(CORPORATE NAME & DOCUMENT #)

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DIVISION OF CORPORATION

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ARTICLES OF INCORPORATION

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:

Julimar APTS Inc.

ARTICLE II PRINCIPAL OFFICE

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

*Principal place of Business
1029 S.W 55TH MIAMI, FLA 33130*

** Mailing address
P.O Box 560952
MIAMI, Florida 33256-0952*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *Five Hundred (500) One Dollar per value*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*FRAN CURE
10070 S.W 57 AVE
MIAMI, FLA 33156*

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):

Eloise Mitchell
7747 S.W. 865T
Miami, FLA 33143
(SOLE Holder)
Presently

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

2 day of November, 19 96.

By: Eloise Mitchell Pres.
Signature

Signature

Signature

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**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Julimar APTs Inc.

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

FRAN CURE
(NAME)

10070 S.W 57th Ave
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, FLA 33156
(CITY/STATE/ZIP)

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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.

Fran Cure
(SIGNATURE)

NOV 3, 1996
(DATE)