Department of State Division of Corporations P. O. Box 6327 T

900002017499---2 5

Tallahassee, FL 323	14	-12/03/9601044006 ****131.25			
SUBJECT:	SACA CROWN INVESTMENTS, (Proposed corpor	INC. nte name - must include suf	•		
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a	check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED &		
FROM:	Niurka C. Quintana Name (Printed	or typed)	DEC 16 M		
	9284 S.W. 21 Terrace Addres		AII IO: 1,3 F STATE FLORIDA		
Miami, FL 33165					
	City, State &	•	13/		
	(305) 223-4388 or (3	:	— <i>B</i>		
	A				

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



December 5, 1996

NIURKA C, QUINTANA 9284 S.W. 21ST TERRACE MIAMI, FL 33165

SUBJECT: CROWN INVESTMENTS, INC.

Ref. Number: W96000025531

We have received your document for CROWN INVESTMENTS, INC. and check(s) totaling \$131.25. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 096A00054663

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:

JACA INVESTMENTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

9284 S.W. 21 Terrace Miami, FL 33165 SECULIARIY OF STATE

ALLAHASSES FI STATE

ALLAHASSES FI STATE

TALLAHASSES FI STATE

ARTICLE III SHARES

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

7,500 shares of One Dollar (\$1.00) par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Niurka C. Quintana 9284 S.W. 21 Terrace Miami, FL 33165

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):

Niurka C. Quintana 9284 S.W. 21 Torraco Misami, Ph. 33165

ARTICLE VI (Effective Date)

The effective date of this corporation shall be:

January 1, 1997

The undersigned	incorporator(s) has(have) e	secuted these Articles of Incorporation this
day of	November	, 19 <u>96</u> ,
(An additional art	icle must be added if an effe	ective date is requested.)
	White	2 mol
	Niurka C. Quintan	Signature a
•		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

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.

ì.	The name of the corporation is		*********	
2.	The name and address of the registered agent and office is:		***************************************	
	Niurka C. Ouintana (NAME)	SECRETARY TALLAHASS	96 DEC	
	9284 S.W. 21 Terrace (P. O. Box or Mail Drop Box NOT ACCEPTABLE)	ARY OF STATE ASSEE FLORIDA	16 AH 10: 43	A Marie
	Miami, I'L 33165 (CITY/STATE/ZIP)	JAIE Jaio,	:- :::	الميية

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.

Niurka C. Quintana 11/26/96

(Signature) (Date)