## Medical Department of State

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

100002032631---4 -12/18/96--01078--007 \*\*\*\*122.50 \*\*\*\*122.50

Re:	J	d'	$\mathcal{H}$	Enter	Prise	. Inc.
			(Na	ne of Comords	on)	_ ,

## Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

John John Tolling Name)

J&H Enterprise INC.
(Name of Corporation)

13/20

MAILING ADDRESS OF CO	DRPORATION —
1100 West Camino	Beak
Suite 123	
Buca Ratin EL	33433
PHONE -	
(561) 447-0088 Area Code Number	
Area Code Number	Ext.

## ARTICLES, OF INCORPORATION

_ J & H Enterpr	ise INC.	
(name of cor	poration)	
The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation:	under the Florida Business Cor	poration Act, adopt(s)
The name of the corporation is:  ———————————————————————————————————	ORATE NAME	
ARTICLE II - L This corporation shall exist perpetually unless dissolved accounts.	OURATION	PH 1: 22
ARTICLE III -	PIIRPOSE	
The corporation is organized for the purpose of engaging in a United States and the State of Florida.	ny activities of dusiness permit	led under the laws of the
ARTICLE IV - CAI  The corporation is authorized to issue 500 shares of c		/. <u>00.</u> per share.
ARTICLE V - INITIAL P. The street address of the initial principal office and, if different	RINCIPAL OFFICE at, the mailing address is:	
The street address of the initial principal office and, if different	nt, the mailing address is:	
The street address of the initial principal office and, if different	nt, the mailing address is:	
The street address of the initial principal office and, if different	nt, the mailing address is:	zip .33433
The street address of the initial principal office and, if different STREET ADDRESS 7100 West Cami	nt, the mailing address is:	zip <i>334</i> 33
The street address of the initial principal office and, if different street ADDRESS 7100 West Camilla Suite 123  CITY BOCO BATON	nt, the mailing address is:	zip <i>334</i> 33
The street address of the initial principal office and, if different STREET ADDRESS 7100 West Cam;  Suite 123  CITY BOCO BOTON  Mailing address, if different	nt, the mailing address is:	zip <i>334</i> 33
The street address of the initial principal office and, if different STREET ADDRESS 7100 West Cam;  Suite 123  CITY BOCO BOTON  Mailing address, if different	nt, the mailing address is:	
The street address of the initial principal office and, if different STREET ADDRESS 7100 West Camillo Suite 123 CITY Boco Boto Mailing address, if different STREET ADDRESS  CITY  CITY  CITY	t, the mailing address is:  O Beaf  FLORIDA  FLORIDA	ZIP <i>334</i> 33
The street address of the initial principal office and, if different STREET ADDRESS 7100 West Camillonian Suite 123  CITY Boco Boton  Mailing address, if different  STREET ADDRESS	The mailing address is:  The mailing address is:	ZIP
The street address of the initial principal office and, if different STREET ADDRESS 7100 West Cami Suite 123  CITY BOCO BOTON  Mailing address, if different STREET ADDRESS  CITY  ARTICLE VI - INITIAL REGISTE.	The mailing address is:  The mailing address is:	ZIP
The street address of the initial principal office and, if different STREET ADDRESS  CITY  BOCO  BOTO  Mailing address, if different  STREET ADDRESS  CITY  ARTICLE VI - INITIAL REGISTE  The street address of the initial registered office and the NAME  NAME  Toho  T. Britt	FLORIDA  FLORIDA  FLORIDA  FLORIDA  RED OFFICE AND AGENT  name of the initial registered	ZIP
The street address of the initial principal office and, if different STREET ADDRESS  CITY  BOCO  BOTO  Mailing address, if different  STREET ADDRESS  CITY  ARTICLE VI - INITIAL REGISTE  The street address of the initial registered office and the NAME  NAME  Toho  T. Britt	The mailing address is:  The mailing address is:	ZIP

	DELCT DAME COMMAND	A		
	RTICLE VII - INITIAL B			, , , ,
This corporation shall haveeither increased or diminished from tir	ne to time by the Ry-Laws	) direc	tors initially. The	number of directors may
addresses of the initial director(s) of the	e corporation are as follow	s:	- vo. 50 leas (IIIII	one (1). The hames and
NAME John	T. Britt		· · · · · · · · · · · · · · · · · · ·	
ADDRESS 984 E.	Jeffrey S	<i>ł</i> .		
CITY BOCA 1	Baton	STATE	FL	ZIP 33487
NAME HECTOR	L. GARCIA		<u></u>	
ADDRESS 187 Nu			· · · · · · · · · · · · · · · · · · ·	
CITY Migraji		STATE	FL	ZIP 33168
NAME		·		
ADDRESS				
CITY		STATE		ZIP
	ARTICLE VIII - INC	CORROR	TORC	
The names and addresses of the incorp				V
NAME Tobo	TR 11	es of flicor	oration are as to	nows:
00111	- Britt		<u></u>	
ADDRESS 984 E.	Jeffrey ST.		Om .	(0-
CITY BOCA P	Datos .	STATE	FL	ZIP 33487
NAME HECTOR.	L Coarcia			
ADDRESS 181 NW	14301		•	
CITY Miami		STATE	FL	ZIP 33168
NAME				
ADDRESS				
CITY		STATE		ZIP
he undersigned incorporator(s) have	ve executed these Article	s of Incorp	oration this	16-15
ay of <u>December</u>	, 1		, ,	
		,		
				(Signature)
		la et	1 On	· ·
	1120	cas	Mesa	(Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

J&H Enterprise Inc.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is sul	bmitted:
The above corporation, organized under the laws of the State of Florida with its	
as indicated in the Articles of Incorporation at 100 West Caming Beal Juite 123 Boca Baton FL 33433 has named John J. Britt located at the aforesaid address, as its registered agent to accept service of proc	īĀS 9
state.	EC 18 PH 1: 22 WHASSEE FLORID

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.

12-16-96 (Date)