

P9700009529

Samuel Odi
 Address
 710 N.E. 166th St
 City/State/Zip Phone #
 Miami, Fla. 33162

Office Use Only

CORPORATION NAME & DOCUMENT NUMBER(S), (if known):

1. Joshlaf Group, Inc.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

[Handwritten Signature]
 1/30

Examiner's Initials	
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ARTICLES OF INCORPORATION

of

JOSHLAF GROUP, INC.

(name of corporation)

This undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

JOSHLAF GROUP, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the state of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 share (1000) of One Dollar(s) (\$1.00) per value Common Stock, which shall be designed "Common shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>SAMUEL ODI</u>		
ADDRESS	<u>710 NE 166 STREET</u>		
CITY	<u>MIAMI</u>	STATE	<u>FL</u> ZIP <u>33162</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TEN (10) directors initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

NAME	ALADE AFDLABI		
ADDRESS	15181 NW 1ST STREET		
CITY	PEMBROKE PINES	STATE	FL ZIP 33028
NAME	JOSEPH AKONI		
ADDRESS	17211 NW MIAMI CT.		
CITY	NORTH MIAMI BEACH	STATE	FL ZIP 33169
NAME	GBOLAGUNTE A. AYODELE		
ADDRESS	1082 NE 176 STREET		
CITY	NORTH MIAMI BEACH	STATE	FL ZIP 33162
NAME	LANRE KELANI		
ADDRESS	10332 SW 9th LANE		
CITY	PEMBROKE PINES	STATE	FL ZIP 33025
NAME	SAMUEL ODI		
ADDRESS	710 NE 166 STREET		
CITY	NORTH MIAMI BEACH	STATE	FL ZIP 33162
NAME	ABDUL-LATEEF D. OLAMIYAN		
ADDRESS	10020 OLIVE STREET		
CITY	MIRAMAR	STATE	FL ZIP 33025
NAME	MICHAEL ODAYEMI		
ADDRESS	15430 SW 106 AVENUE		
CITY	MIAMI	STATE	FL ZIP 33157
NAME	RUFUS B. DRINDARE		
ADDRESS	1830 NE 142 STREET		
CITY	NORTH MIAMI	STATE	FL ZIP 33181

ARTICLE VI - INITIAL BOARD OF DIRECTORS (CONTD)

NAME	HAKEEM K. OSHIKOYA		
ADDRESS	9838 SW 117 th CT.		
CITY	MIAMI	STATE FL	ZIP 33186
NAME	ABIODUN QUADRI		
ADDRESS	5419 NW 21 st AVENUE		
CITY	MIAMI	STATE FL	ZIP 33142
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The name and addresses of person(s) signing these Articles of Incorporation are as follows:

NAME	ALADE AFOLABI		
ADDRESS	15181 NW 1 st STREET		
CITY	PEMBROKE PINES	STATE FL	ZIP 33028
NAME	JOSEPH AKONI		
ADDRESS	17211 NW MIAMI CT.		
CITY	NORTH MIAMI BEACH	STATE FL	ZIP 33169
NAME	GBDLAGUNTE A. AYODELE		
ADDRESS	1082 NE 176 STREET		
CITY	NORTH MIAMI BEACH	STATE FL	ZIP 33162

ARTICLE VII - INCORPORATORS (CONTD)

NAME	LANRE KELANI		
ADDRESS	10332 SW 9 th LANE		
CITY	PEMBROKE PINES	STATE	FL ZIP 33025
NAME	SAMUEL ODI		
ADDRESS	710 NE 166 STREET		
CITY	MIAMI	STATE	FL ZIP 33162
NAME	ABDUL-LATEEF D. OLANIYAN		
ADDRESS	10020 OLIVE STREET		
CITY	MIRAMAR	STATE	FL ZIP 33025
NAME	MICHAEL ONAYEMI		
ADDRESS	15430 SW 106 AVE		
CITY	MIAMI	STATE	FL ZIP 33157
NAME	RUFUS B. DRINDARE		
ADDRESS	1830 NE 142 STREET		
CITY	NORTH MIAMI	STATE	FL ZIP 33181
NAME	HAKEEM K. OSHIKOYA		
ADDRESS	9838 SW 117 th CT.		
CITY	MIAMI	STATE	FL ZIP 33186
NAME	ABIODUN QUADRI		
ADDRESS	5419 NW 21 st AVENUE		
CITY	MIAMI	STATE	FL ZIP 33142

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 16th day of January, 1997.

alade aforin (Seal)

[Signature] (Seal)

Samuel (Seal)

[Signature] (Seal)

[Signature] (Seal)

[Signature] (Seal)

[Signature] (Seal)

[Signature] (Seal)

[Signature] (Seal)

[Signature] (Seal)

STATE OF FLORIDA)
COUNTY OF DADE)

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared.

SAMUEL ODI

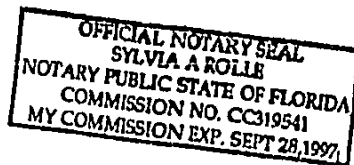
Known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that _____ executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand seal. In the State and County aforesaid, this 16th day of JANUARY, 1997

(Notary Seal)

Sylvia A. Rolle
(Notary Public, State of Florida at Large)

My Commission expires



**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

JOSHLAF GROUP, INC
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at 710 NE 166 STREET

MIAMI, FL 33162

has named SAMUEL OAI

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at
the place designated in this certificate, I hereby accept to act in this capacity, and agree
to comply with the provisions of Florida Law in keeping open said office.

Samuel Oai
(Registered Agent)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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