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TO: DIVISION OF CORPORATIONS

FAX #:

(904) 922-4001

FROM: BUSINESS WORLD TRANSACTIONS, INC.

ACCT#:

104512000707

CONTACT: GEORGE G PICARDIE

PHONE: (305)867-8448

FAX #:

(305)861-4414

NAME: JCT AUTOS, CORP.

AUDIT NUMBER...... H97000003696

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

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## ARTICLES OF INCORPORATION

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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.

ARTICLEI NAME

The name of the corporation shall be-

JCT AUTOS, CORP.

ARTICLE II PRINCIPAL OFFICE

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

1750 N.E. 115 St. #301 Miami, Fl. 33181

ARTICLE III SHARES

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

One Thousand (1000) shares at One Dollar (1.00) per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jaime Colon Torres 1750 N.E. 115 St. #301 Miami, Fl. 33181

Propered by:

Jaime Colon Torres 1750 N.E. 115 St. #301 Miami, F1. 33181 (305)688-7880

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## 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)

Jaime Colón Torres 1750 N.E. 115 St. #301 Miami, Fl. 33181 Director & President.

Vidal Rios 1750 N.E. 115 St. #301 Miami, Fl. 33181 Director, Vice- President & Secretary.

he unc	lersigned incor	porator(s) has(hav	e) executed these Articles of Incorpora	ation th
3_	_ day of	March	, 19 97 .	
		AMAIN	_	
		- July	Signature	<del>-</del>
		· · · · · · · · · · · · · · · · · · ·	Signature	
			Signature	<del></del>

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

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSIIANT 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.

2. The name and address of the registered agent and office is:	
. Olivers	
LEC 7	
1750 N.E. 115 St. #301  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	7
Miami, F1. 33181 (CITY/STATE/ZIP) 3. 28	7 7

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) 3-3-97 (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314