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

4000022496349 -07/28/970148013
-07/28/9701148013 ****122.50 ****122.50 SUBJECT: She (PROPOSED CORPORATE NAME)
ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF IN-CORPORATION AND OUR CHECK FOR S 122.50
PO SOY SOOZ ADDRESS CITY, STATE, & ZIP (813) 810 - 0057 TELEPHONE NUMBER
EFFECTIVE DATE 07-23-97 100

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

JN 7-31-97

ARTICLES OF INCORPORATION

I, THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORM-ING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

EFFECTIVE DATE

07-23-97

ARTICLE I - NAME THE NAME OF THE CORPORATION SHALL BE:

OF THE CORPORATION SHALL D...

THIS CORPORATION SHALL EXIST PERPETUALLY, COMMENCING ON THE DATE OF EXECUTION AND ACKNOWLEDGMENT OF THESE ARTICLES.

ARTICLE III - PURPOSE
THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA'S GENERAL CORPORATION ACT.

ARTICLE IV - CAPITAL STOCK THIS CORPORATION IS AUTHORIZED TO ISSUE 1000 SHARES OF PAR VALUE COMMON STOCK, WHICH SHOULD BE DESIGNATED "COMMON SHARES".

ARTICLE V - PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

O Place of Business - 12829. Third Sole.
Widson Al. 34667.

D Molling address - PO BOX 5602.

Widson Al. 34674

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT
THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS
CORPORATION SHALL BE:

12829 MICD Sole. MUDSON Al. 74607.

THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS:

Darry Janvilli

ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO TIME BY MAJORITY VOTE OF THE STOCKHOLDERS, BUT IT SHALL NEVER BE LESS THAN ONE.

THE NAME AND ADDRESSES OF THE INITIAL SUBSCRIBERS SIGNING THESE ARTICLES ARE AS FOLLOWS:

Donid San-111: 12829 Mirs \$81e Idudson H. 34007.

THE POWER TO ADOPT, ALTER, AMEND, OR REPEAL BYLAWS SHALL BE VESTED IN THE BOARD OF DIRECTORS AND THE SHAREHOLDERS.

ARTICLE X - RESTRICTIONS ON TRANSFER OF STOCK
SHARES OF CAPITAL STOCK OF THIS CORPORATION SHALL BE ISSUED
INITIALLY TO THE FOLLOWING PERSONS IN THE AMOUNT SET OPPOSITE
THEIR NAMES:

Donny Jourilli - 10 Shares

SHARES HELD BY THE INITIAL SHAREHOLDERS LISTED ABOVE MAY NOT BE RESOLD OR OTHERWISE TRANSFERRED TO OTHER PERSONS UNLESS SUCH SHARES ARE FIRST OFFERED TO THE REMAINING SHAREHOLDERS OR TO THIS CORPORATION. THE PRICE AND TERMS AT WHICH, AND THE TIME WITHIN WHICH, SUCH SHARES MAY BE OFFERED AND SOLD SHALL BE FURTHER SPECIFIED BY WRITTEN AGREEMENT AMONG ALL OF THE SHAREHOLDERS AND THIS CORPORATION.

ARTICLE XI - AMENDMENT

THIS CORPORATION RESERVES THE RIGHT TO AMEND OR REPEAL ANY PROVISIONS CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENTS HERETO, AND ANY RIGHTS CONFERRED UPON THE SHAREHOLDER IS SUBJECT TO THIS RESERVATION.

STOCK TO BE ISSUED PURSUANT TO THESE ARTICLES OF INCORPORA-TION SHALL BE ISSUED UNDER THE TERMS, PROVISIONS AND CONDITIONS OF SECTION 1244 OF THE INTERNAL REVENUE CODE.

IN WITNESS WHEREOF, I HAVE HERETO SUBSCRIBED MY NAME AND AFFIXED MY SEAL TO THESE ARTICLES OF INCORPORATION, ON THIS 23 DAY OF , 1997.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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:
	Journilli Monagement Ju
2.	THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
	12829 Mirs Sole. (P.O. BOX NOT ACCEPTABLE)
	- NuDsow Al. 34667
	(CITY/STATE/ZIP)

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

DATE 1 23 17 SEGRE LANY OF STATE

Allassee, Florida

07-23-97

O7-23-97