P 9 7 0 0 0 0 9 5 0 9 5 TRANSMITTAL LETTER

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

500002339046--5 -11/05/97--01081--002 ****122.50 ****122.50

Subject: J & P Pawn Enterprises, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$122.50.

FROM:

Name J & P Pawn Enterprises, Inc.

Address 2409 W. Oakridge Road

City, State & Zip Orlando, Florida 32809

Telephone (407) 861-1661

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Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

<u>OF</u>

J & P Pawn Enterprises, Inc.

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:

J & P Pawn Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2409 W. Oakridge Road Orlando, Florida 32809

ARTICLE III CAPITAL STOCK

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

1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pedro Astudillo 2409 W. Oakridge Road Orlando, Florida 32809

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Pedro Astudillo 2409 W. Oakridge Road Orlando, Florida 32809

Articles of Incorporation Filing Fee - \$35

CERTIFICATION OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersign 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: J & P Pawn Enterprises, Inc.
- 2. The name and address of the registered agent and office is:

Pedro Astudillo (NAME)

2409 W. Oakridge Road (P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

Orlando, Florida 32809

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 PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT FILING FEE: \$35.00