P970009978/

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

100002352931--5 -11/20/97--01064--003 *****131.25 *****131.25

SUBJECT: J. B. Falcon Group. Lnc

(Proposed corporate name - must include suffix

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee

& Certificate

\$122.50

S131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>Deborah J. Story</u>

Name (Printed or typed)

152 Kendale Dr

Address

Safety Harbor, 71 34695

0130

813-726-9139 Daytime Telephone number 97 NOV 20 PM 12: 13

SECRETARY OF STATE DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

11-24-97

ARTICLE OF INCORPORATION

OF

J B FALCON GROUP, INC.

ARTICLE I

<u>Name</u>

The name of this corporation is J B FALCON GROUP, INC.

ARTICLE II

Principal Office

The principal place of business and mailing address of this corporation shall be 152 Kendale Dr. Safety Harbor, Florida 34695

ARTICLE III

Capital Stock

This corporation is authorized to issue one hundred shares of One (\$1.00) Dollar per value common stock.

ARTICLE IV

Initial Registered Office and Registered Agent

The street address of the initial registered office of this corporation is 152 Kendale Drive, Safety Harbor, Florida 34695, and the name of the initial Registered Agent at that address is Deborah J. Story, who by execution hereof accepts the duties and responsibilities of such office.

ARTICLE V

Incorporator

The name and address of the person subscribing to these Articles of Incorporation is: Deborah J Story, 152 Kendale Drive, Safety Harbor, Florida 34695

Deborah J Story, Subscriber and Resident Agent

Date

SECRETARY OF STATE OF STATE OF OCCAPORATIONS OF NOV 20 PM 12: 13

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.

Debovah J. Story

Debovah J. Story, Registered Agent

11-17-97

Date

SECRETARY OF STATEONS
DIVISION OF COMPENSATIONS
OT NOV 20 PM 12: 13