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

100002361911--6 -12/03/97--01041--007 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: J & C Fortunes, Inc.  (Proposed corporate name - must include suffix)			
Enclosed is an origin  \$70.00  Filing Fee	al and one(1) copy of the article  \$78.75  Filing Fee  & Certificate	☐\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
FROM: Jose J. Ponce  Name (Printed or typed)			
13516 S.W. 19 Lane Address			
Miami, Florida 33175 City, State & Zip			
305-380-6917/305-553-9728  Daytime Telephone number			

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



## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

J&C Fortunes, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 13516 S.W. 19 Lane

Miami, Florida 33175

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jose J. Ponce 13516 S.W. 19 Lane Miami, Florida 33175

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jose J. Ponce 13516 S.W. 19 Lane Miami, Florida 33175

Signature/Incorporator

12/1/97

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date