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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: JADE PRODUCTION CONSULTANTS, INC.

AUDIT NUMBER..... H98000000220

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

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# H98000000220

### JADE PRODUCTION CONSULTANTS, INC.

#### NAME

The name of the corporation is: JADE PRODUCTION CONSULTANTS, INC.

### PRINCIPAL OFFICE

The principal office of the corporation is:

9362 N.W. 2nd St. Coral Springs, FL 33071

### NUMBER OF SHARES

The number of shares the corporation is authorized to issue is 100 shares with a par value of \$1.00 each.

## INITIAL BOARD OF DIRECTORS

The incorporator shall hold an organizational meeting at the call of a majority of the incorporators to elect directors and complete the organization of the corporation, or may take such action without a meeting in writing as provided by law.

### PREEMPTIVE RIGHTS

The Shareholders shall have the preemptive right to purchase unissued shares of the corporation.

#### INCORPORATOR

The name and address of each incorporator is:

Barry D. Kowitt, Esq. 1801 N. Pine Island Rd. Suite # 101

Plantation, FL 33322 (954) 370.9999

FBNO. 987417

Robert Licari 9362 N.W. 2nd St. Coral Springs, FL 33071

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#### REGISTERED OFFICE AND AGENT

The street address of the corporation's initial registered office and the name of its initial registered agent at that office is as follows:

Robert Licari 9362 N.W. 2nd St. Coral Springs, FL 33071

#### ACCEPTANCE

The undersigned does hereby accept his appointment as registered agent as set forth above.

-Bleet Drain

IN WITNESS WHEREOF the undersigned incorporator has hereunto set his hand and seal on this day of \_\_\_\_\_\_\_, 1997.

STATE OF FLORIDA )
SS
COUNTY OF BROWARD )

I HEREBY CERTIFY that on this day, before mc, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Robert Licari to me know to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day

Notary Public

My Commission Expires:



98 JAN -6 PM 4: 08
SECRETARY OF STATE

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