TRANSMITTAL LETTER

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

800002580478--4 -07/06/98--01077--009 *****122.50 *****122.50

SUBJECT:	JGO INC.			
(P	roposed corporate	name - must include suf	ffix)	·
Enclosed is an original for:	and one (1) co	py of the articles of	fincorporation a	and a check
\$70.00	578.75	\$122.50	\$131.25	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
,		Additional Copy	Required	
				I
FROM:	Allen P. Shappe			
	Name (printed or typed)		. •.	
•	17400 NE 12 Ct.			
•	Address		\ <u></u>	
	Miami, Fl. 33162			
,		City, State & Zip		CORP CORP PM
	305-651-6176		M STA	
	Daytime Telephone number		क हिन	

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

ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE MVISION OF CORPORATIONS

98 JUL -6 PM 1:48

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:

JGO INC.

ARTICLE II PRINCIPAL OFFICE

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

17400 NE 12 Ct.
No. Miami Beach, Fl. 33162

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Allen P. Shappe
17400 NE 12 Ct.
No. Miami Beach, Fl. 33162

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Juan G. Ochoa 16117 Emerald Cove Rd. Weston, F1. 33331

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NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:		<u> </u>
2.	The name and address of the registered agent and office is:	l .	
	Allen P. Shappe (NAME)	INC 86	3K08E
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	0€ CORP	TARY OF
	No. Miami Beach, F1. 33162 (CITY/STATE/ZIP)	ORATIO::	SPE

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.

Olecus Mayo 6/30/98 (DATE)