

P98000060991

7/09/98

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

2:37 PM

((H98000012762 4))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: THERESA JACOME, INC.

AUDIT NUMBER.....H98000012762

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

CERT. OF STATUS..1

PAGES..... 4

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$78.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

FILED
98 JUL -9 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

m 7/9/98

FILED

98 JUL -9 PM 3:42

ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THERESA JACOME, INC

We, the undersigned, are desirous of forming a corporation under the laws of the State of Florida, such laws that are applicable to corporations for profit, and respectfully petition the Secretary of State for approval of such incorporation under the following proposed Certificate of Incorporation.

ARTICLE I

NAME

The name of this corporation shall be THERESA JACOME, INC. and its principle place of business shall be . 10854 N KENDALL DRIVE MIAMI, FL 33176 . and any other location that the board of directors may deem appropriate.

ARTICLE II

RESIDENT AGENT

The resident agent of the corporation shall be THERESA JACOME 10854 N KENDALL DRIVE MIAMI, FL 33176

ARTICLE III

GENERAL NATURE OF BUSINESS

The general purpose or object to be transacted, promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the State Florida.

ARTICLE IV

SHARES OF STOCK - NUMBER

The maximum number of shares of stock that the corporation is authorized to have outstanding at any time is five hundred (500) of common stock of the par value for \$1.00 per share.

PREPARED BY: ACCOUNTS LTD
17891 South Dixie Hwy., suite G
Miami, FL. 33157
(305) 232-1640

H98000012762

ARTICLE V
AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00).

ARTICLE VI

DURATION

This corporation is to have perpetual existence, commencing upon the approval by the Secretary of State of this certificate of incorporation.

ARTICLE VII

DIRECTORS

The affairs of the corporation will be managed by 1 Director. The names and addresses of the individuals who are to serve as directors until new directors are elected at the shareholders meeting are:

NAME

THERESA JACOME

10854 N KENDALL DR
MIAMI, FL

ARTICLE VIII

OFFICERS

The names and address of the individuals who will serve as the initial officer of the corporation until new officers of the corporation are appointed at the time of the first meeting of the shareholders are as follows:

NAME

THERESA JACOME

ADDRESS

PRESIDENT

10854 N KENDALL DRIVE
MIAMI, FL 33176

H98000012762

H98000012762

We, the undersigned, being the original subscribers to this certificate of incorporation, do hereby make, subscribe, acknowledge and file this certificate and certify that the facts stated herein are true, and have hereunto set my hand and seal this 9th day of July 1998.


THERESA JACOME

H98000012762

CERTIFICATE OF DESIGNATION
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 ,THERESA JACOME, INC
2. The name and address of the registered agent and office
THERESA JACOME 10854 N KENDALL DRIVE MIAMI, FL 33176

SIGNATURE *Theresa Jacome*
TITLE *President*
DATE *July 9, 1998*

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY. I FURTHER AGREED 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *Theresa Jacome*
DATE *July 9, 1998*

FILED
98 JUL -9 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA