1980 TRASMITTAL LETTER 08026

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

200002603732--3 -07/31/98--01024--002 *****131.25 ****131.25

Enclosed is an original a	nd one(1) copy of the arti	cles of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	ARLISA JAC	ADDITIONAL CO	PY REQUIRED	
	TACKSONVI 1	Address E Florida y State & Zip	SECRETARY OF TALLAHAS SEE.	
_((904) 992-9	300/(904) 6/2 Telephone number	-8008 FSTATE FLORIDA	

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

QN 8-4-98

THE TOTAL PROPERTY OF THE PARTY
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:
The name of the corporation shall be: ARJA ENTERPRISES, INC. 37
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ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
4629 DEEP RIVER PLACE
JACKSONVILLE, FLORIDA, 32224
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
ARLISA JACKSON
ARLISA JACKSON HO29 DEEP RIVER PIACE JACKSONVIIIE, FLORIDA 32224
JACKSONVIIIE, FLORIDA 3
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
ARLISA JACKSON DILLE
MO29 DEEP RIVER PLACE TACKSONVILLE, FLORIDA 32224
TACKSONVILLE, FLORION

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

Date

Signature/Incorporator

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