TRANSMITTAL LETTER

P9800069031

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

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SUBJECT: Jer	nilor Inc. (Proposed co	rporate name - must include	suffix)		:-
England is an original an	d one(1) copy of the articles	of incorporation and a c	check for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate		,
FROM:	5100 West Coloni Suite 279 Orlando, Florida, A Orlando, Florida,	32808 Address	TÄLLAHASSEE, FLORIDA	SECRETARY OF STATE.	PPPROVED FILED
Deventer 50 AUTHORIZATION BY CORRECT 100 DATE 8/7 DOC. EXAM BB	oner GAVE	elephone 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:

Jennilor Inc.

ARTICLE II PRINCIPAL OFFICE

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

5100 West Colonial Drive Suite #279 Orlando, F1., 32808

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:

Jennifer Somers 5100 West Colonial Drive Suite #2279 Orlando, Fl., 32808

ARTICLE V INCORPORATOR

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

Jennifer Somers 5100 West Colonial Drive, Suite #279 Orlando, Florida, 32808

Signature/Incorporator

7 - 23 - 98

(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