## P98000074371

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

300002623103--2 -08/24/98-01070--021 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	JOBLINS, INC	ate name - must include suff	
	(Proposed corpor	ate name - must include suff	ix)
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Enclosed is an ongular	and one(1) copy of the anner	S Of incorporation and a	/
□ \$70.00	\$78.75	□\$122.50	<b>5</b> \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL-CO	PY REQUIRED
FROM:	CARLOS A.	HERNANDEZ	
	Name (Pi	rinted or typed)	
	7951 S.W.	198th ST.	
		Address	-
	Minni F	=/ 33109	7AE
	Mi AMi, F	State & Zip	98 AUG 24 SECHETAR VLLAHASSI
		·	G 21 IAR ASS
	(305) 378	- 9095 elephone number	10.3
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			AH 9: 48  OF STATE  FLORIDA
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NOTE: Please provide the original and one copy of the articles.

I corrected art.5-T.A.

TA-8/26/98

## 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:

Goblins, INC.

AKTICLE II — PRINCIPAL OPPICE	ARTICLE II	PRINCIPAL OFFICE
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The principal place of business and mailing address of this corporation shall be:

10661 S.W. 185 St. Miani, FL 33189

MAILING: P.O. Box 971788 HiAM: Fl 33197

\_ SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRES

The name and Florida street address of the initial registered agent are:

CARLOS A. HER NAWDEZ

7951 S.W. 1986h ST.

Miami, F/ 33189.

ARTICLE V INCORPORATOR

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

Signature/Micorporator

(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 pry position, as registered agent

Signature/Registered Agent