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DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: JOPASE ASSOCIATES, LTD., INC.

AUDIT NUMBER..... H98000022475

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

CERT. OF STATUS...0

PAGES..... 4

CERT. COPIES.....1

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 3, 1998

EMPIRE

SUBJECT: JOPASE ASSOCIATES, LTD., INC.

REF: W98000026982

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

If you have any further questions concerning your document, please call

Neysa Culligan Document Specialist

FAX Aud. #: H98000022475 Letter Number: 498A00057164



ARTICLES OF INCORPORATION

FILED

OF

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JOPASE ASSOCIATES, INC.

SECRETARI OF STATE These Articles are in compliance with Chapter 607, F.S. FLORIDA

Article I

The name of this corporation shall be:

JOPASE ASSOCIATES, INC.

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 18433 S.E. HERITAGE DRIVE TEQUESTA, FL 33469

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue is 500 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be: EDGAR MILLER 367 ALHAMBRA CIRCLE

CORAL CABLES, FL 33134-5003

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY 1492 W. FLAGLER STREET, #200, MIAMI, FLORIDA 33135 (305) 541-3694

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Article VII

The initial board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as an initial director(s)

MICHAEL A. SESSIONS PRESIDENT

18433 S.E. HERITAGE DRIVE TEQUESTA, FL 33469

DENISE A. SESSIONS SECRETARY /

18433 S.E. HERITAGE DRIVE TEOUESTA, FL 33469

Article VIII

The name and address of the incorporator executing these Articles of Incorporation is:

> EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 WEST FLAGLER STREET #200 MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this _ 3RD day of _DECEMBER , 1998.

Ray Stormont, President Signing for Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Plorida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits, organized under the statement in designating the registered office/registered agent, in the state of Florida.

First that Jopase ASSOCIATES, INC.
(Name of Corporation)
(Name of Corporation) desiring to organize under the laws of the State of (Florida)
with its principal office, as indicated in the articles of
with les principal dilled, to the control of the co
incorporation has named EDGAR MILLER
incorporation has named
located at Joint Maniero
City of CORAL GABLES County of
City of CORAL GABLES County of MIAMI - DA-DE (County)
State of Ploxida, as its agent to accept service of process within
this state.
HAVING BEEN MAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HERBEY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY. I PURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTTES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.
Elewale
STIGNATURE
Registered Agent
(7)

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SEUNETANT OF STATE
TALLAHASSEE, FLORIDA