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OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. JIMENEZ AND ASSOCIATES CORP.
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. _____
 (Corporation Name) (Document #)

4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

99 FEB 19 PM 2:23
 FILED
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 *****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

JIMENEZ and ASSOCIATES Corp.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

18717 S.W. 344 TERR. Lot 17
FL. CITY, FL. 33034

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Francisco J. Jimenez

18717 S.W. 344 TERR. Lot 17.

FL. City, FL 33034

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

- ① FRANCISCO J. Jimenez - 18717 SW. 344 TERR Lot 17
FL. CITY, FL. 33034
- ② MARIA ELENA JIMENEZ - Same as above.
- ③ ALBERTO JIMENEZ - 157 N.E. 13 ST.
HOMESTEAD, FL. 33030

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

- ① FRANCISCO J. JIMENEZ (PRESIDENT) (200 shares) 18717 S.W. 344 TERR
Lot 17 FL. City, FL. 33034
- ② MARIA ELENA JIMENEZ (SECRETARY) SAME (150 shares)
- ③ ALBERTO JIMENEZ (VICE PRESIDENT) (150 shares) 157 NE. 13 ST.
HOMESTEAD, FL. 33030

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 18th day of FEBRUARY, 1999.

Francisco J. Jimenez
Signature

Alberto Jimenez
Signature

[Signature]
Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: JIMENEZ and ASSOCIATES

2. The name and address of the registered agent and office is:
FRANCISCO J. JIMENEZ
(NAME)
10717 S.W. 344 TERR. LOT. 17
(P.O. BOX NOT ACCEPTABLE)
FL. CITY, FL. 33034
(CITY/STATE/ZIP)

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.

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STATE OF FLORIDA

SIGNATURE Francisco J. Jimenez

DATE 2/18/99

REGISTERED AGENT FILING FEE: \$35.00