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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 99 FEB 26 M 7: 36
SECRETARY OF STATE
ANALYSEE FIGRINA

FLORIDA PROFIT CORPORATION OR P.A.

J & S BURK, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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1999

ARTICLES OF INCORPORATION

FOR

J & S BURK, INC.

ARTICLE I - NAME

The name of the corporation shall be:

J & S BURK, INC.

ARTICLE II - PRINCIPAL OFFICE

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

1363 NE CROTON ST

JENSEN BEACH FL 34957

ARTICLE III - CAPITAL STOCK

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

500 (FIVE HUNDRED)

Prepared by: Triple Check Income Tax Service 2506 Delaware Ave Ft Pierce FL 34947 (561) 461-5987

s :	JOAN BURK
	1363 NE CROTON ST
·	JENSEN BEACH FL 34957
	ARTICLE V - INCORPORATOR
	The name and street address of the incorporator to
hese	Articles of Incorporation is:
	JOAN BURK
	1363 NE CROTON ST
	JENSEN BEACH FL 34957

Incorporation this 26th day of February, 1999.

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is:

J & S BURK, INC.

The name and address of the registered agent and office is:

	JOAN BURK	70	99	
-	1363 NE CROTON ST	A CR		
•	JENSEN BEACH FL 34957	HASS	FEB 2	- T
Signature:	Jones Buck	EE, FLORI	6 AM 7:	
Title:	Incorporator		ა წ	-

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:

DATE:

Date: