100 FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Aidress) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 + Walk in Certified Copy Mail out Will wait Certificate of Status Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A.,/Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Dimited Aartners! Name Reservation Reinstatement 7 rademar Other Examiner's Initials

CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 4, 1999

LAZARUS

MIAMI, FL

SUBJECT: J & E, INC.

Ref. Number: W9900005322

We have received your document for J & E, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 899A00010053



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SECEIVED

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: J & E MIAMI SERVICES,

ARTICLE II PRINCIPAL OFFICE

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

1621 Bay Road Apt. # 703 Miami Beach, Florida 33139-3250

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $$_{100}$$

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Elvira Ramirez 1621 Bay Road Apt. # 703 Miami Beach, Florida 33139-3250

ARTICLE V. INCORPORATOR(S)

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

Elvira Ramirez 1621 Bay Road Apt. # 703 Miami Beach, Florida 33139-3250

ARTICLE VI DIRECTOR(S)

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

Elvira Ramirez 1621 Bay Road Apt. # 703 Miami Beach, Florida 33139-3250

Incorporation thislst	s) has(have) executed these Articles of, 19 <u>99</u>		. , ··
•			, (,,,,, 1)
	Signature Signature		ا المواد
	Signature	2 · - #15 ·	
			•

Signature

Articles of Incorporation Filing Fee - \$35

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.

he name and address of the registered agent and office is:	
Elvira Pamiros	
(NAME)	
1621 Bay Road, Apt. # 703	
(P.O. BOX NOT ACCEPTABLE)	
Miami Beach, Florida 33139-3250	-h
(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 RECISTERED 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 LEGISTERED AGENT.

SIGNATURE (MINISTER)

REGISTERED AGENT FILING FEE: \$35.00