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

700002816407--0 -03/24/99--01026--013 *****78.75 ******78.75

SUBJECT: J.P. Michael, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Elias Azzouz	
	Name (Printed or typed)	
	929 N. Pontiac Tramil	
	Address	
	Walled Lake, Michigan, 48390	·
	City, State & Zip	
	248-926-0008	
	Daytime Telephone number	

99 MAR 24 PM 3: 23

NOTE: Please provide the original and one copy of the articles.

J3/49

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.

<u>ARTICLE I NAME</u>

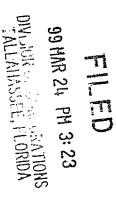
The name of the corporation shall be:

J.P. Michael, Inc.

ARTICLE II PRINCIPAL OFFICE

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

272 Madeira Circle, Tierre Verde, Florida, 33715



ARTICLE III SHARES

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

60,000 (No Par Value)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

J.P. Michael, 272 Madeira Circle, tierre Verde, Florida, 33715

ARTICLE V INCORPORATOR

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

J.P. Michael, 272 Madeira Circle, Tierre Verde, Florida, 33715

Signature/Incorporator

Date

(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 my position as registered agent

Signature/Registered Agent Date