TRANSMITTAL LETTER

P99000032826

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

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SUBJECT:

JLP DESIGN GERVICES, 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 Filing Fee \$78.75 Filing Fee

& Certificate of Status

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:

ILP DESIGN SERVICES, INC.

Name (Printed or typed)

11585 NW 44 ST

Address

CORAL SPRILLES FL 33065

City, State & Zip

(954) 341-5784

Daytime Telephone number

99 APR -5 AM 8: 41
SECRETARY OF STATE
TALLAHASSEE FI CONT.

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

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.

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The name of the corporation shall be:

JLP DESIGN SERVICES, INC.

PRINCIPAL OFFICE

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

11585 NW 44 ST

CORAL SPRINGS, FL: 33065

SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOEL PLOTNICK

11585 NW 44 ST

CORAL SPRINGS FL 33065

INCORPORATOR

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

JOEL PLOTNICK HERD NW 44 ST

coral oprings fl

(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

Date