

TRANSMITTAL LETTER

P99000041563

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

SUBJECT: R.P. Jara & Co., Inc.

(Proposed corporate name - must include suffix)

500002860285--7
-05/03/99--01096--008
*****78.75 *****78.75

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: Richard P. Jara

Name (Printed or typed)

640 Plover Avenue

Address

Miami Springs, FL 33166

City, State & Zip

305 - 205 - 9378

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY -3 AM 11:03

FILED

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

T. SMITH MAY 07 1999

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.

ARTICLE I NAME

The name of the corporation shall be:

R.P. Jara & Co., Inc.

ARTICLE II PRINCIPAL OFFICE

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

640 Plover Avenue
Miami Springs, FL 33166

ARTICLE III SHARES

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

1,000 shares par value \$1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

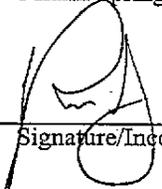
The name and Florida street address of the initial registered agent are:

Richard P. Jara
640 Plover Avenue
Miami Springs, FL 33166

ARTICLE V INCORPORATOR

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

Richard P. Jara
640 Plover Avenue
Miami Springs, FL 33166



Signature/Incorporator

4/27/99

Date

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

4/27/99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY -3 AM 11:03

FILED