YOUR CONFIRMATION FAX WITH THE CORPORATE P# AND COPY OF ARTICLES OF Department of State Division of Corporations THE P. O. Box 6327 Tallahassee, FL 32314 BUSTNESS ON GOING (Proposed corporate name - must include suffix) Sarasota Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 **□** \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED YOLANDA M. CZERWINSKI FROM: Name (Printed or typed) MEADOWLAND CIRCLE Daytime Telephone number **AUTHORIZATION BY PHONE TO** CORRECT CORP. NAME

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

'ARTICLES OF INCORPORATION

AMITTEDED OF INCOM ORATION		
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:		٠٠٠٠
J L L CORPORATION of Sarasota		
ARTICLE II PRINCIPAL OFFICE		·-
The principal place of business and mailing address of this corporation shall be: PRINCIPAL PLACE - 5700 SARAH AVE, SARASOTA, FC 34233 MALING ADDRESS - 1965 CARMEL COURT, GROVER BEACH, CA	93433	
ARTICLE III SHARES		
The number of shares of stock that this corporation is authorized to have outstanding at any one time.	me is:	• =
100		
The name and Florida street address of the initial registered agent are: YOLANDA M. CZERWINSKI, EA, PH 4308 MEADOWLAND CIRCLE, SARASOTA, FL 34233 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: JIM SNEED AND LINDA K. SNEED 1965 CARMEL COURT GROVER BEACH, CA 93433 JUNE 1, 1999 Signature/Incorporator Date	1999 JUN 14 AM II: 35 TALLAHASSEE, FLORIDA	FILED
(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 plathis certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent Signature/Registered Agent Date	e to comply with	ļ.
Signature/Registered Agent / / Date		