TRANSMITTAL LETTER

# 2057689

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

COC. EXAM

SUBJECT:	LL 4 TT (Proposed corpor	INC . ate name - must include suffi	20000291 -06/21/99- *****78.7 x)	01522= -01058004 5 *****78.75
Englaced is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	
Speciosed is an original \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
AUTHORIZATION CORRECT CONTECT	Name (Programme (Progr	inted or typed)  Do: Address  F2 33467  State & Zip  7 - 0686  Telephone number	SECRETARY OF STATE TALLAHASSEE FLORIOA	99 JUN 21 AH 10: 29

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

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#### 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:

LL 4 JJ Inc.

## ARTICLE II PRINCIPAL OFFICE

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

7835 Canal Dr. Lake Worth FL 33467

# ARTICLE III SHARES

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

one(1) no por valve

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JOHN J. WelsH 7835 Canal Dr. Lake Worth FC33467

## ARTICLE V INCORPORATOR

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

JOHN J. WelsH 7835 Canal Dr. Lake Worth FL 33467

Signature/Incorporator

(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