## Pagological Stransmittal LETTER 3185

FILED

99 JUL -9 PM 3: 29

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE TALLAHASSEE, FLORIDA

900002927069--2 -07/09/99--01043--009 \*\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 FROM: Name (Printed or typed)

PH 7/5/95

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.  FILED	-
ARTICLE I NAME The name of the corporation shall be:  SECRETARY OF STATE TALLAHASSEE, FLORIDA	al de la companya de
Jenus As Stock Company	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:    U   7   SW 9 th AVC.	.,, ., sher.
Ft. Laudende, FL 33315  ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	* ************************************
100 at \$1	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:  COCO SOXTON	
5896 SW 8949 Lane Cooper City, FL 33318 ARTICLE V INCORPORATOR	21 =v . 11 −2 ·
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
1417 SW 9th Ave. Ft Laudendale, FL 33315	· <del>-</del> · · ·
Caria Dans  7/6/99  Signature/Incorporator	. 11 5
Date Date	

(An additional article must be added if an effective date is requested.)

riaving been named as registered agent and to accept service of certificate. I hereby accept the appointment as registered agent.	f process for the	e ahove stated come	overtion at the		
provisions of all statutes relating to the proper and complete obligations of my position as registered agent	t and agree to	act in this capacity	. I further agre	ze to comp	ly with the
obligations of my position as well-to the proper and complete	e perjormance	of my duties, and	I am familiar	with and	accept the
obligations of my position as registered agent	are en				
		•			<del>-</del> -

Signature/Registered Agent

Date