

P99000071228

TRANSMITTAL LETTER

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

FILED
99 AUG -4 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300002950039--5
-08/04/99--01041--019
*****75.00 *****75.00

SUBJECT: Jim Bryan Enterprises, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$75.00	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee
	& Certificate	& Certified Copy	Certified Copy
			& Certificate

ADDITIONAL COPY REQUIRED

From: Jim Bryan
Name (Printed or typed)

9295 SW 149 Street
Address

Miami, FL 33176
City, State & Zip

305 971-2588
Daytime Telephone number

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

D. BROWN AUG 1 1 1999

ARTICLES OF INCORPORATION

FILED
99 AUG -4 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Jim Bryan Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

9295 SW 149 Street
Miami, FL 33176

ARTICLE III SHARES

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

100 Shares Common stock. Par Value \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jim Bryan
9295 SW 149 Street
Miami, FL 33176

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jim Bryan
9295 SW 149 Street
Miami, FL 33176

Melinda Bryan
9295 SW 149 Street
Miami, FL 33176

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of July, 19 99

Jim Bryan
Signature

Melinda Bryan
Signature

Signature

Notarization is not required

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA

1. The name of the corporation is Jim Bryan Enterprises, Inc.

2. The name and address of the registered agent and office is:

Jim Bryan

(NAME)

9295 SW 149 Street

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, FL 33176

(CITY/STATE/ZIP)

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)

7/29/99

(DATE)