

P99000 83848

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. J.C.T GROUP CORPORATION
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

RECEIVED
 99 SEP 22 AM 11:18
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

FILED
 99 SEP 22 PM 1:03
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

500002998785-6
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 *****78.75 *****78.75

[Handwritten Signature]
 9/22

Examiner's Initials

ARTICLES OF INCORPORATION

99 SEP 22 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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:

J.C.T GROUP CORPORATION.

ARTICLE II PRICIPAL OFFICE

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

LE JEUNE CENTRE
782 N.W. LE JEUNE ROAD. SUITE # 339.
MIAMI. FL 33126.

ARTICLE III SHARES

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

1000 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND SRTEET ADDRESS

The name and address of the initial registered agent is:

JOSE RODRIGUEZ
LE JEUNE CENTRE
782 N.W. LE JEUNE ROAD SUITE# 339.
MIAMI FL 33126.

ARTICLE V INCORPORATOR(S)

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

1- THOMAS EDUARDO GONZALEZ GARCIA.

2- MARIA DEL CARMEN DIAZ PEREDA.

Le Jeune Center 782 N.W Le Jeune Road Suite # 339.

ARTICLE VI DIRECTOR(S)

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

1- THOMAS EDUARDO GONZALEZ GARCIA.

2- MARIA DEL CARMEN DIAZ PEREDA.

Le Jeune Center. 782 N.W Le Jeune Road Suite # 339

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 20 day of SEPTIEMBRE, 1999.



Signature



Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: J.C.T GROUP CORPORATION.

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

(NAME)

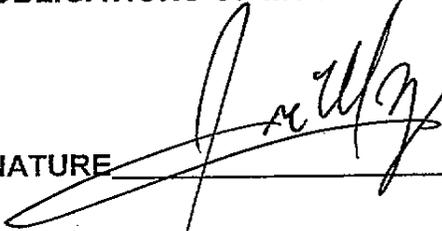
LE JEUNE CENTRE. 782 N.W. LE JEUNE ROAD SUITE # 339.

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33126.

(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 

DATE 9-20-99

REGISTERED AGENT FILING FEE: \$35.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA