

P9900009234C  
TRANSMITTAL LETTER

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

SUBJECT: JUST BEA, INC.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 70.00

100002965871--2  
-08/20/99--01082--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FROM:

BEA GOLDSMITH  
Name (printed or typed)  
51 Sea Wind Lane, South  
Address  
Ponte Vedra Beach, Florida 32082  
City, State, & Zip  
( 904 ) 285-1237  
Telephone Number

RECEIVED  
99 OCT 20 PM 2:37  
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

W-19667  
ajf8/25



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 25, 1999

BEA GOLDSMITH  
51 SEA WIND LANE, SOUTH  
PONTE VEDRA BEACH, FL 32082

SUBJECT: JUST BEA, INC.  
Ref. Number: W99000019667

We have received your document for JUST BEA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum  
Document Specialist

Letter Number: 499A00042579

## ARTICLES OF INCORPORATION

OF

I AM JUST BEA, INC.

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:

I AM JUST BEA, INC.

### ARTICLE II PRINCIPAL OFFICE

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

51 Sea Wind Lane, South  
Ponte Vedra Beach, Florida 32082

### ARTICLE III CAPITAL STOCK

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bea Goldsmith  
51 Sea Wind Lane, South  
Ponte Vedra Beach, Florida 32082

TALLAHASSEE, FLORIDA

99 OCT 20 PM 2:38

FILED

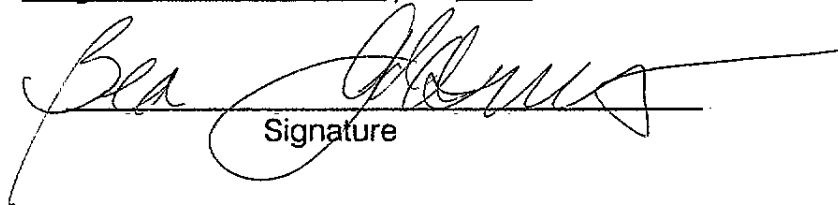
**ARTICLE V INCORPORATOR(S)**

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

Bea Goldsmith  
51 Sea Wind Lane, South  
Ponte Vedra Beach, Florida 32082

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

18th day of August, 19 99.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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: I AM JUST BEA, INC.

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

Bea Goldsmith  
(NAME)

51 Sea Wind Lane, South  
(P.O. BOX NOT ACCEPTABLE)

Ponte Vedra Beach, Florida 32082  
(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 Bea Goldsmith

DATE August 18, 1999