

P99000095454

TRANSMITTAL LETTER

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

400003027744--2
-10/28/99--01040--026
*****70.00 *****70.00

SUBJECT: Jessmond Holdings, Inc.
(Proposed corporate name - must include suffix)

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

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jodi Spaniak
Name (Printed or typed)

10693 Wiles Road #228
Address

Coral Springs, FL 33076
City, State & Zip

954-227-1507
Daytime Telephone number

99 OCT 28 AM 11:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

R. VARNADORE OCT 29 1999

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:

Jessmond Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

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

32 S.W. 5th Street
Hallandale, FL 33009

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jodi Spaniak
10693 Wiles Road, #228
Coral Springs, Florida 33076

ARTICLE V INCORPORATOR

Jodi Spaniak
10693 Wiles Road, #228
Coral Springs, Florida 33076

Jodi Spaniak
Signature/Incorporator

10/21/99
Date

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.

Jodi Spaniak
Signature/Registered Agent

10/21/99
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA