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. JACE SPECIALTIES JWC ! (Corporation Name) (Document #) OFFICE USE ONLY OFFICE ONLY	こ
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ARTICLES OF INCORPORATION OF Jace Specialties, Inc.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

Jace Specialties, Inc.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentional, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate name.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$10.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

<u>ARTICLE V</u>

Each of the Shareholders covenants and agrees that he will not sell, assign, transfer, donate or otherwise dispose of, or pledge, hypothecate or otherwise encumber any of the shares of the Corporation's stock except upon the prior written consent of the remaining Shareholders.

ARTICLE VI

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Leopoldo Rios 1800 West, 49th Street, Suite 207 Hialeah, FL 33012 The principal address shall be: 320 SW, 13rd Street Ft. Landerdale, FL 33315

ARTICLE VII

The initial Board of Directors shall consist of a total of two (2) people and the name and address of the persons who are to serve as an initial directors are:

PRESIDENT / TREASURER EDGAR R. MOLINA 320 SW, 13rd Street Ft. Lauderdale, FL 33315

VICE-PRESIDENT / SECRETARY CECIBEL A. MOLINA 320 SW, 13rd Street Ft. Lauderdale, FL 33315

The name and address of the incorporator executing these Articles of Incorporation is:

LEOPOLDO RIOS 1800 West, 49th Street, Suite 207 Hialeah, FL 33012 IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this <u>12</u> day of <u>November</u>, <u>19 99</u>.

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Edgar R. Molina and Cecibel A. Molina known to me and known by me to be the person (s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITHNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this <u>12</u> day of <u>November</u>, 19.99.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:

<u>CERTIFICATE OF DESIGNATION</u> 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:

Jace Specialties, Inc.

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

Leopoldo Rios			
(NAME)	SECRE TALLAH	0N 66	1
1800 West, 49th Street, Suite 207		<	
(P.O.BOX NOT ACCEPTABLE)	SE	сл	Franklan G
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Hialeah, Fl 33012	97	**	Transacra
(CITY/STATE/ZIP CODE)	IDA	81	

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 FAMILLAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature Date <u>11/12/1999</u>