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COVER LETTER

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

SUBJECT: Jacqueline Enterprises	Inc .	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Walfreddy Gomez Name 3450 West 84 Street Sui	(Printed or typed)	
A P	Address	
Miami, FL 33018	State & Zip	
786 234-2260 Daytime T	elephone number	
gomezwal@hotmail.com E-mail address: (to be used	d for future annual report	t notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the c	<u>NAME</u> orporation shall be: Jacqueline Enterpri	ses Inc		
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address			ldress, if different is:
	923 SW 40 Ave	.S.	AME	
<u>.</u>	Coral Gables, FL 33134			4
		-		
ARTICLE III	PURPOSE		•	AP T
The purpose for v	which the corporation is organized is:			AR PR
	•			ES NO FEET
Any and All	Lawful Business		•	
•				
	•			CO em resident.
ARTICLE IV	SHARES			
The number of sha	ares of stock is: 1,000			A
	INITIAL OFFICERS AND/OR DIRECT Title: Jacqueline Bertematti, Presiden		ed Title.	
Address:	923 SW 40 Ave			
Addiess.	Coral Gables, FL 33134			
	Title:			
Address:		Address		-
				
Name and T	Fitle:	Name ar	nd Title:	
Address:		Address	:	
				
ARTICLE VI	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable	e) of the registe	red agent is:	
Name:	Jacqueline Bertematti		Ü	
Address:	923 SW 40 Ave			•
	Coral Gables, FL 33134			
ARTICLE VII	INCORPORATOR			
	Idress of the Incorporator is:			
Name:	Walfreddy Gomez PA			
Address:	3450 West 84 St Suite 202-F			
	Hialeah, FL 33018			
		c .1		
	ned as registered agent to accept service of pro			
tny cerujicate, 1 d	um familiar with and accept the appointment as	registerea age	nı una agree to a	ci in this capacity
lana.	Well Moderath			0/2//20//
Jacoga	Required Signature/Registered Agent			Date
	,			Date
I submit this doc	ument and affirm that the facts stated herein	are true. I an	n aware that the	false information submitted in c
document to the I	Department of State constitutes a third degree fo	elony as provid	led for in s.817.15	5, F.S.
	all ///			/ /
	The state of			4/21/11
	Required Signature Incorporator	·		/ Date