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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

JACKIE 28, CORP.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME JACKIE 28, CORP.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
100 SW 10 STREET
APT 308
MIAMI, FL 33130

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA
15 MAY 23 PM 2:23

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JACQUELINE RODRIGUEZ (P/D) Name and Title:
Address 100 SW 10 STREET Address:
APT 308
MIAMI, FL 33130

Name and Title: HECTOR KABA (VP/D) Name and Title:
Address 100 SW 10 STREET Address:
APT 308
MIAMI, FL 33130

Name and Title: WILLIAM MACCARONE (S/D) Name and Title:
Address 100 SW 10 STREET Address:
APT 308
MIAMI, FL 33130

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HECTOR KABA
 Address: 100 SW 10 STREET APT 308
MIAMI, FL 33130

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 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HECTOR KABA
 Address: 100 SW 10 STREET APT 308
MIAMI, FL 33130


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

MAY 20, 2016

 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Required Signature/Incorporator

MAY 20, 2016

 Date