

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850)922-4001

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

L JACKSON, INC.

Certificate of Status	Ó
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION OF

L Jackson, Inc
ARTICLE I NAME
The name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of
this corporation shall be:
ARTICLE III CAPITAL STOCK
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: (500) Five Hundred Shares

PREPARED BY: TRIPLE CHECK INCOME TAX SERVICE 2506 DELAWARE AVE FORT PIERCE FLORIDA 34947 SECRETARY OF STATE OF STATE OF CHREWATIONS

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS
The name and address of the initial registered agent is
of the initial registered agent is
Larry Jackson
Larry Jackson 2307 Delmare the
Fort Pierce, FL 345,50
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these
Articles of Incorporation is:
Larry Jackson
2307 Delanara Au
Fort Pierce, FL 34550
The undersigned has executed these Articles of
Incorporation this 23 day of October 200.
ENCANY IERSON
Lory Tacken Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501. 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:
L. Jackson, Fre.
2. The name and address of the registered agent and office is:
Larry Jackson
- 2307 Delaware Ag
- Fort Rome Fr 34950
Signature: Day Goods
Title:Tisset
Date: 9-8-00
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.
ignature: Only Flecher

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