TRANSMITTAL LETTER

POLOCOL 348

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

SUBJECT: Jackster Cycleart, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
	(TROT OSES COM ORE)	MOST MOST	<u>BBSOTTATE</u>
Enclosed is an original	al and one(1) copy of the article	es 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 of Status
ADDITIONAL COPY REQUIRED			
FROM:	Name (Pr	inted or typed)	00044571206 -07/03/0101015005 *****87.50 *****87.50
	P.O. Box 970871	ddress	************************************
	Miami, Florida City, 5	33197 State & Zip	2001 JUL -2 AN 8 SECRETARY OF ST TALLAHASSEE FLOR

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

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ARTICLES OF INCORPORATION

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

ARTICLE I ... NAME

The name of the corporation shall be:

Jackster -- Cycleart, Inc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10854 S.W. 188 St. Miami, Florida 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To offer a service concerning detailed arts in graphic arts, signs and advertisements for small businesses and individual customers who could use our services for a profit or fee.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jack Altman 10854 S.W. 188 St. Miami, Florida 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jack Altman - 6.6.. 9965 S.W. 165th Ter Miami, Florida 33157 James Dumas 1980 S.W. 180th Ave.Unit 522 Miami, Florida 33187

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

Signature/Registered Agent

Date/

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Signature/Incorporator