

P02000059810  
TRANSMITTAL LETTER

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

400005651444--7  
-05/30/02--01032--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: STRICTLY JAMAICAN.COM, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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: CRAIG MCKENZIE  
Name (Printed or typed)

1945 FABIEN CIRCLE  
Address

MELBOURNE FL. 32940.  
City, State & Zip

954-439-0220 / 321-253-4302  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 30 PM 1:30

FILED

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

m 5/30

# 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:

STRICTLY JAMAICAN.COM, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 410152  
MELBOURNE FL. 32941

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ONLINE GENERAL MERCHANDISE & NOVELTIES FOR RETAIL.

## ARTICLE IV SHARES

The number of shares of stock is:

NO SHARES OR STOCK.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

COMPANY DIRECTOR : CRAIG MCKENZIE,  
P.O. BOX 1945 FABIEN CIRCLE  
MELBOURNE FL. 32940.

## ARTICLE VI REGISTERED AGENT

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


CRAIG MCKENZIE  
1945 FABIEN CIRCLE  
MELBOURNE FL. 32940

## ARTICLE VII INCORPORATOR

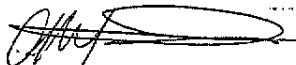
The name and address of the Incorporator is:

CRAIG MCKENZIE  
1945 FABIEN CIRCLE  
MELBOURNE FL. 32940

\*\*\*\*\*  
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

5/29/2002.  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/29/2002.  
\_\_\_\_\_  
Date

FILED  
02 MAY 30 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA