

(Re	equestor's Name)			
(Ac	ldress)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates of	of Status		
Special Instructions to	Filing Officer:			
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TRANSMITTAL LETTER

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

SUBJECT: JCK	ENTERPRISES, INC.			
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX)</u>	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: (C/O) OMNI SOLUTIONS & A	CCOUNTING, LLC		
	Name	(Printed or typed)		
5593 BUFORD HWY NE, STE 3-C				
	A	Address		
	DORAVILLE, GA 30340			
	City,	State & Zip		
	(770) 454-1900			
	Daytime T	elephone number		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

04 NOV 15 PM 12: 12

October 26, 2004

OMNI SOLUTIONS & ACCOUNTING LLC 5593 BUFORD HWY NE STE 3-C DORAVILLE, GA 30340

SUBJECT: JCK ENTERPRISES, INC.

Ref. Number: W04000039244

We have received your document for JCK ENTERPRISES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F79210.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 204A00061434

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: JCK GROUP, INC.

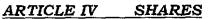
ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1487 MAYPORT RD, STE 8 ATLANTIC BEACH, FL 32233 (PLACE OF BUSINESS) 5593 BUFORD HWY NE, STE 3-C DORAVILLE, GA 30340 (MAILING ADDRESS)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NEW BUSINESS - RETAIL BEAUTY SUPPLY



The number of shares of stock is:

400,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): SIN IL KANG

1801 KERNAN BLVD S, APT 1505 JACKSONVILLE, FL 32246 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

SIN IL KANG 1801 KERNAN BLVD S, APT 1505 JACKSONVILLE, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SIN IL KANG 1801 KERNAN BLVD S, APT 1505 JACKSONVILLE, FL 32246

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

11/05/04

Date

11/05/04

Date

