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SECRETARY CF STATE

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COVER LETTER *

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

SUBJECT:	JFAM ENTERPRISES, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	ude suffix)	
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation an	1 a check for:	
S70.00 Filing Fee	₹78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Eric Jac Name	ckson (Printed or typed)		
,		K 172935 Address		
		FI 33672 State & Zip		
		35-5215		

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

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:

JFAM ENTERPRISES, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

P.O. Box 172935 Tampa, FI 33672

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business activity

ARTICLE IV SHARES

The number of shares of stock is:

. 1

INITIAL OFFICERS AND/OR DIRECTORS

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

Eric Jackson, President, C.O.O.

Post Office Box 172935

Tampa, FI 33672

Christine Jackson, Secretary, Treasurer

Post Office Box 172935

Tampa, FI 33672

REGISTERED AGENT

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

Eric Jackson

6237 S. Manhattan Ave

Tampa, FI 33616

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eric Jackson

Post Office Box 172935

Tampa, FI 33672

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

03/07/2006

Date

03/07/2006

Date

Signature/Incorporator