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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only -



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03/10/08--01053--019 **128.75



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TRANSMITTAL LETTER

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

SUBJECT: THE JACOBSON GROUP INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy
Total to domesticate and file \$78.75

OPTIONAL:

Certificate of Status

FROM: MARLA JACOBSON

Name (printed or typed)

136 N E 4TH AVENUE

\$ 8.75

Address

DEERFIELD BEACH FL 33441

City, State & Zip

954-574-0081

Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The	undersigned, MARLA JACOBSON , V/P	1		
	(Name) (Title)	A STATE OF THE PARTY OF THE PAR		
of_	THE JACOBSON GROUP INC a foreign corporation,	The state of the s		
in a	(Corporation Name) ccordance with s. 607.1801, Florida Statutes, does hereby certify:	4,0		
1.	The date on which corporation was first formed was FEBRUARY 3RD , 1982	10 m		
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise				
	came into being was ILLINOIS CHICAGO			
	The name of the corporation immediately prior to the filing of this Certificate of Domestication was THE JACOBSON GROUP INC			
4.	4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to			
s. 607.0202 and 607.0401 with this certificate is THE JACOBSON GROUP INC				
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was ILLINOIS CHICAGO				
	Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.			
I an	V/PRESIDENT , of THE JACOBSON GROUP INC			
and	am authorized to sign this Certificate of Domestication on behalf of the corporation and have done			
so tl	his the 4TH day of MARCH , 2008 .			
	(Authorized Signature)			
	Filing Fee:			
	Certificate of Domestication \$50.00 Articles of Incorporation and Certified Copy \$78.75 Total to domesticate and file \$128.75			

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: THE JACOBSON GROUP INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:
136 N E 4TH AVENUE
DEERFIELD BEACH
FL 33441

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
ANY AND ALL LAWFULL BUSINESS



ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1000 SHARES OF \$1.00 EACH

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
STEVEN JACOBSON PRES
MARLA JACOBSON V/PRES
136 NE 4TH AVENUE
DEERFIELD BEACH FL 33441

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

MARLA JACOBSON V/PRES 136 N E 4TH AVENUE DEERFIELD BEACH FL 33441

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS: STEVEN JACOBSON PRES 136 N E 4TH AVENUE DEERFIELD BEACH FL 33441

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOV	Æ			
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.				

Marcohre	03/04/08
Signatur (Registered Agent	Date
li and	03/04/08
Signature/Incorporator	Date