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PICK-UP WAIT MAIL	-		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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## **COVER LETTER**

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

SUBJECT: Jackson (PROPOSED CORPORA	EnterPris	es INC
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and	a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED	
FROM: Mark Jackson Name 12618 Green Fountain Fl City, 850-624- Daytime To	briar DR	•
E-mail address: (to be used	for future annual report i	notification)

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: Mark Jackson Enterprises INC, ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 12618 Green briar DR. Fountain F) 32438 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Any and all lawful Business ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Mark Jackson SR Pres. 12618 Greenbrone De Mickel Paul Farmer VP. Fountain F1 32438 RTICLE VI REGISTERED AGENT Justin Allen Sirmans VP. The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Mark Jackson 12618 Green brain DR Fountain F/ 32434 ARTICLE VII The name and address of the Incorporator is: Mark Jackson 12618 Greenbrair DR Fountain Fl 32438 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

Signature/Incorporator