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SECRETARY OF STATE
AND ANASSEE, FLORID

MD 3/10

COVER LETTER

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

SUBJECT: JacksonESP.Com, Inc	C.	
(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the a	rticles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy - ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
FROм: Mark Jackson Nar	ne (Printed or typed)	
2550 State Road 580, #	#434 Address	
Clearwater, FL	y, State & Zip	
727-637-7336 Daytime	Telephone number	
info@jacksonesp.com E-mail address: (to be us	sed for future annual report	notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corp	JacksonESP.Com, Toration shall be:	とい						
ARTICLE II PRINCIPAL OFFICE Principal street address 2550 State Road 580, #434			Mailing address, if different is:					
	earwater, Florida 33761							
	one: 727-637-7336			·	20	~		
·					<u> </u>	3		
ARTICLE III P					A 20	MAR		
	ch the corporation is organized is:				AGA	ĩ		
Retail Sales					SST	7	1	
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					. 11	AH	Drawer's	
					[S	ö		
					STATE LORID	110: 27		
ARTICLE IV S	HARES				∃	7		
The number of shares	s of stock is 2000							
4 D. STOCK D. 17		200						
	NITIAL OFFICERS AND/OR DIRECTO ::Mark Jackson,Director		od Titles Dur	th laskson	Disasta			
Address:	2550 State Road 580. #434	Name a	25.6	50 State R				
Traditios.	Clearwater FL 33761			arwater, F				
				,				
	e:							
Address:		Address	·					
	•					•		
								
Name and Title	: <u></u>							
Address:		Address	: <u> </u>					
								
								
ARTICLE VI R	EGISTERED AGENT							
The name and Florid	da street address (P.O. Box NOT acceptable)	of the registe	red agent is:					
Name:	Mark Jackson							
Address:	2550 State Road 580, #434							
	Clearwater, FL 33761							
ARTICLE VII	NCORPORATOR							
	ss of the Incorporator is:							
Name:	Mark Jackson							
Address:	2550 State Road 580, #434							
	Clearwater, FL 33761							
	•							
	as registered agent to accept service of proc					lesigna	ted in	
inis cerujicate, i am j	familiar with and accept the appointment as r	_	_		capacity			
Mar	H. Wash.			Ma	-ab 2 204			
10/001	Marian	-		ivia	rch 3, 20° Date	11		
	Required Signature/Registered Agent	Merk	Jacks	On	Date			
	ent and affirm that the facts stated herein a artment of Atate constitutes a third degree fel	re true. I an	ı aware thai	the false inf	ormation su	bmitte	d in a	
1		- -	-					
Mont				Ma	arch 3, 20)11		
	Required Signature/Incorporator	mark	TIL	Ka. =	Dat			
		MON	VOCA	ひり				