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(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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(Document Number)		
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Certified Conjec	Cortificatos	of Status
Certified Copies	Certificates	o o Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

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

SUBJECT: JJB GROUP, INC (PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic \$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: JUSTIN BARTLETT Name	(Printed or typed)	.5
628 SE PRESCOTT PL Address		
STUART, FL 34994 City, State & Zip 708.303.8820		
708.303.8820 Daytime Te	elephone number	THE THE CONTROL AND THE

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

jbart04@gmail.com E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE

ARTICLE I NAME JJB GROUP, INC	HAIRLING OF CONFUNCTION
The name of the corporation shall be:	40 DC0 17 8M11. 27
ARTICLE II PRINCIPAL OFFICE	12 DEC 17 AM 11: 27
Principal street address	Mailing address, if different is:
628 SE PRESCOTT PL STUART, FL 34994	
310AN1, 11 39334	
ADDICE III DIDDOCE	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Internet Marketing	
A DOTOL D. W. C. C. LADDO	
ARTICLE IV SHARES The number of shares of stock is: / OO	
• •	•
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	ORS Name and Title:
Address: 628 SE PRESCOTT PL	
STUART, FL 34994	
Name and Title:	Name and Title:
Address:	
Name and Title:	Name and Title:
Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (B.O. Box NOT acceptable	a) of the registered agent is:
The name and Florida street address (P.O. Box NOT acceptable	of the registered agent is.
Address: 628 SE Prescott Pl	<u> </u>
Stuart, FL 34994	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Justin Bartlett Address: 128 SE Prescett Pl	<u>—</u>
Address: 1028 SE Prescott Pl	
/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_
Having been named as registered agent to accept service of pro	
this certificate, I µm familiar with and accept the appointment as	registerea agent and agree to act in this capacity
LUNTI BOTH	12110112
Required Signature/Registered Agent	Date
1	and the second second
I submit this document and affirm that the facts stated herein	
document to the Department of Stafe donstitutes a third degree fe	iony as provided for in 5.617.1155, 17.5.
1 1 W T (L1901) W	12/10/12
Required Signature/Incorporator	Date